

2241

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS 1998  
CERTIFICATE OF DEATH

STATE FILE NO. 5515  
REGISTRAR'S NO. 78

5 05 BIRTH NO. 33 DEATH 56 RESIDENCE 2 NAME OF DECEASED ALICE CLONTS F W 142 26 4/24

1. PLACE OF DEATH  
A. COUNTY Graham  
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Safford, Ariz.  
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 142 26 4/24  
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Butlers Clinic

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)  
A. STATE Ariz.  
B. COUNTY Graham  
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Safford, Ariz.  
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 503 5th Ave

3. NAME OF DECEASED  
A. (FIRST) ALICE  
B. (MIDDLE) CLONTS  
C. (LAST)  
4. SEX F W  
5. COLOR OR RACE W

6. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  
7. DATE OF BIRTH MONTH DAY YEAR Feb 21 1899 69 10 1  
8. AGE YEARS MONTHS DAYS  
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Homework

9B. KIND OF BUSINESS OR INDUSTRY Homework  
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ala.  
11. CITIZEN OF WHAT COUNTRY? U.S.  
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)  
13. SOCIAL SECURITY NO.

14A. FATHER'S NAME Geo. Campbell  
14B. BIRTHPLACE (STATE OR COUNTRY) Ala.  
15A. MOTHER'S MAIDEN NAME Elmore  
15B. BIRTHPLACE (STATE OR COUNTRY) Ala.

16. INFORMANT'S SIGNATURE X J.D. Clontz  
ADDRESS Solomonville, Ariz.  
17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov. 22 1949

18. CAUSE OF DEATH  
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  
\*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.  
18A. PLACE DISEASE CONTACTED.  
18B. MEDICAL CERTIFICATION  
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (A) Cancer of stomach and liver -  
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (C)  
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.  
18C. INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION  
19B. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)  
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)  
21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY  
21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-9-1949 TO 11-22-1949 THAT I LAST SAW THE DECEASED ALIVE ON 11-22-1949 AND THAT DEATH OCCURRED AT 4:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE F.W. Bantler  
DEGREE OR TITLE W.D.  
23B. ADDRESS Safford, Ariz.  
23C. DATE SIGNED 11-26-49

24A. BURIAL  CREMATION  REMOVAL   
24B. DATE Nov 27-49  
24C. NAME OF CEMETERY OR CREMATOR Union Cemetery  
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford Ariz

25A. DATE REC'D BY LOCAL REG. 11/26/49  
25B. REGISTRAR'S SIGNATURE J.D. Clontz  
26. FUNERAL DIRECTOR'S SIGNATURE H.C. Rawson  
ADDRESS Safford  
27. EMBALMER'S SIGNATURE H.C. Rawson  
CERT. NO. 1166