

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO **3404**

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **57**

04 OF DEATH 19 NO 201 RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Gila</i>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <i>Ariz.</i> B. COUNTY <i>Gila</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Globe</i>			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) <i>Tonto Basin</i>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gila Co. Hosp.</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Rural</i>		
DENT ONAL TA 7 NO 794X USE IF ATH 4 181 CTIONS. PSY TH TO NAL INCE CAL ONER'S CATION RAL TOR D RAR	3. NAME OF DECEASED A. (FIRST) <i>John</i> B. (MIDDLE) <i>Leroy</i> C. (LAST) <i>Cline</i>		4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>		
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>June</i> DAY <i>11</i> YEAR <i>1855</i>		8. AGE YEARS <i>90</i> MONTHS <i>1</i> DAYS <i>20</i>	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <i>Retired Rancher</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>Cattle</i>		9C. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Santa Clara Calif.</i>	
	10. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN); IF YES, WAR OR DATES OF SERVICE: <i>No</i>		12. SOCIAL SECURITY NO. <i>none</i>	
	13. FATHER'S NAME <i>James C. Cline</i>		14. BIRTHPLACE (STATE OR COUNTRY) <i>Penna.</i>		15. MOTHER'S MAIDEN NAME <i>Unknown</i>	
16. INFORMANT'S SIGNATURE <i>George Cline</i>			17. DATE OF DEATH MONTH <i>July</i> DAY <i>31</i> YEAR <i>1950</i>			
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <i>Senility</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>June 30</i> 19 <i>50</i> TO <i>July 31</i> 19 <i>50</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>July 30</i> 19 <i>50</i> AND THAT DEATH OCCURRED AT <i>1:15 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE <i>Walter M O'Brien</i>		23B. ADDRESS <i>Globe, Arizona</i>		23C. DATE SIGNED <i>Aug-1-50</i>		
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <i>Aug 3, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cline Cemetery</i>		
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Tonto Basin, Arizona</i>		25A. DATE REC'D BY LOCAL REG. <i>Aug 2, 1950</i>		25B. REGISTRAR'S SIGNATURE <i>Alfred Dayton</i>		
25C. FUNERAL DIRECTOR'S SIGNATURE <i>Rita B. Miles</i>		25D. ADDRESS <i>Miami Ariz.</i>		25E. EMBALMER'S SIGNATURE <i>Cal M. Clout</i>		
25F. CERT. NO. <i>314</i>						