ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4531

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 63

1. PLACE OF DEATH
A. COUNTY: GRAHAM
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): SAFFORD
C. LENGTH OF STAY IN THIS PLACE: 68 IN ARIZONA: 68
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Home, 402 Central Ave

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: ARIZONA
B. COUNTY: GRAHAM
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): SAFFORD, ARIZ.
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 402 CENTRAL AVE

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): WILFORD
B. (MIDDLE): H.
C. (LAST): CLARIDGE

4. SEX: MALE
5. COLOR OR RACE: WHITE

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH DEC DAY 18 YEAR 1871
8. AGE: YEARS 79 MONTHS 8 DAYS 8
IF UNDER 24 HOURS: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): RANCHER
9B. KIND OF BUSINESS OR INDUSTRY: Cattle
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MT. CARMEL, UTAH
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No
(IF YES, WAR OR DATES OF SERVICE): —
13. SOCIAL SECURITY NO. —
14A. FATHER'S NAME: SAMUEL CLARIDGE
14B. BIRTHPLACE (STATE OR COUNTRY): LEIGHTON BUZZARD, ENG
15A. MOTHER'S MAIDEN NAME: REBECCA HUGHES
15B. BIRTHPLACE (STATE OR COUNTRY): LIVERPOOL, ENG
16. INFORMANT'S SIGNATURE: W. H. Claridge ADDRESS: Safford
17. DATE OF DEATH (MONTH) AUGUST (DAY) 26 (YEAR) 1951

18. CAUSE OF DEATH (ITEM 18)
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.
✓PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 WKS

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING 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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) —
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 June 4th 1951 TO Aug 26 1951 THAT I LAST SAW THE DECEASED ALIVE ON Aug 26 1951 AND THAT DEATH OCCURRED AT 9:30 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [illegible] (DEGREE OR TITLE) MD
23B. ADDRESS: 503 5th St Safford
23C. DATE SIGNED: 8/27/51

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Aug 28, 1951
24C. NAME OF CEMETERY OR CREMATORY: THATCHER CEMETERY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): THATCHER, ARIZONA
25A. DATE REC'D BY LOCAL REG.: 8/31/51
25B. REGISTRAR'S SIGNATURE: J. M. Shelton
26. FUNERAL DIRECTOR'S SIGNATURE: Dawson ADDRESS: SAFFORD, ARIZ
27. EMBALMER'S SIGNATURE: Dawson CERT. NO. 251

FORM VS 2 REV. 8-50 20M

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