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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH		
1. County	Pima		BUREAU OF VITAL STATISTICS		State Index - - - - No. 363
District	1st		ORIGINAL CERTIFICATE OF DEATH		County Registrar's - - No.
Town or City	Tucson, Ariz.		No. _____		Local Registrar's - - No. _____
			(If death occurred in a hospital or institution, give its NAME instead of street number).		
2. FULL NAME <b>Joseph I. Clawson,</b>					
(a) Residence. No.		Ft Lowell Road		St., _____ Ward.	
(Usual place of abode)			(If non-resident, give city or town and State)		
Length of residence in city or town where death occurred			How long in U. S. if of foreign birth?		
10 yrs. mos. ds.			yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.	16. DATE OF DEATH (month, day, and year)		
male	white	married	Dec. 20 19 24		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <b>Katie Clawson</b>			17. I HEREBY CERTIFY, That I attended deceased from _____, 19. _____ to <b>Dec. 10</b> , 19. <b>24</b>		
6. DATE OF BIRTH (month, day and year) _____ 54			that I last saw him alive on <b>12/20</b> , 19. <b>14</b>		
7. AGE	Years	Months	Days	and that death occurred, on the date stated above, at _____ m.	
70				The CAUSE OF DEATH* was as follows: <b>Thromboplegia Rx</b> <b>Subd</b>	
8. OCCUPATION OF DECEASED			(duration) _____ yrs. _____ mos. <b>12</b> ds.		
(a) Trade, profession, or particular kind of work <b>Farmer</b>			CONTRIBUTORY (Secondary) _____		
(b) General nature of industry, business or establishment in which employed (or employer)			(duration) _____ yrs. _____ mos. _____ d.		
(c) Name of employer			18. Where was disease contracted _____		
9. BIRTHPLACE (city or town) <b>Unknown</b>			is not at place of death? _____		
(State or country)			Did an operation precede death? <b>no</b> Date of _____		
10. NAME OF FATHER <b>Chas. Moses Clawson</b>			Was there an autopsy? <b>no</b>		
11. BIRTHPLACE OF FATHER <b>England</b>			What test confirmed diagnosis? _____		
(State or country) _____ (city or town)			(Signed) <b>W. H. Thomas</b> , M. D.		
12. MAIDEN NAME OF MOTHER <b>Sarah Inkley</b>			12-21-19 24 (Address) <b>Tucson, Ariz.</b>		
13. BIRTHPLACE OF MOTHER <b>England</b>			* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)		
(State or country) _____ (city or town)			19. PLACE OF BURIAL, CREMATION OR REMOVAL <b>Ft Lowell Cemetery</b>		
14. Informant <b>Leslie V. Clawson</b>			DATE OF BURIAL <b>Dec. 21 1924</b>		
(Address) _____			20. UNDERTAKER <b>Family</b>		
15. Filed <b>12/20</b> _____ Local Registrar			ADDRESS _____		
Filed <b>JAN 10 1925</b> _____ County Registrar			_____		
V. S. No. 1 _____			_____		