827

AGE should be entered EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms that may be properly classified. If any item can not be obtained insert word "unknown." Care should be taken to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Graham

District

Town

Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 97

County Registered No. 21

Local Registrar's No. 8

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Solene Edward Lines

PERSONAL AND STATISTICAL PARTICULARS

SEX: Boy.

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: May (Month) 17 (Day) 1910. (Year)

AGE: 2 yrs. 10 mos. 16 days | If less than 1 day, ... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed or (employer).....

BIRTHPLACE (State or country): Arizona

PARENTS

NAME OF FATHER: Joseph Henry Lines

BIRTHPLACE OF FATHER (State or country): Utah

MAIDEN NAME OF MOTHER: Sarah Elizabeth Ferrin

BIRTHPLACE OF MOTHER (State or county): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Freda Lines

(Address) Pima Ariz.

PLACE OF BURIAL OR REMOVAL: Pima

DATE OF BURIAL OR REMOVAL: 4-4 1913

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 3 (Day) 1913. (Year)

I hereby certify, that I attended deceased from Feb 14 1913 to April 3 1913; that I last saw him alive on April 3 1913 and that death occurred on the date stated above at ..... M. The DISEASE ~~or INJURY~~ causing Death was as follows: Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 days

Was disease contracted in Arizona? yes

If not, where? .....

CONTRIBUTORY Typhoid fever

..... (Duration ..... yrs. ..... mos. ..... days

(Signed) R. P. Dugan

May 3 1913 (Address) .....

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed ..... 191.....

Filed ..... 191 ..... Local Registrar R. P. Dugan