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366

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 1857

County Registered No. [redacted]

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Cochise

District Douglas Ar

Town Or City Douglas Arizona

No. Colonial Hospital St.

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

FULL NAME John Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

~~Color or Race~~ White ~~Indian~~ Black Chinese ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED or DIVORCED~~

DATE OF BIRTH Nov (Month) 4 (Day) 1865 (Year)

AGE 51 yrs. 9 mos. 5 days | If less than 1 day ..... hrs. or ..... min.

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

BIRTHPLACE (State or country) Alabama

PARENTS

NAME OF FATHER Wm Lee

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Mary Young

BIRTHPLACE OF MOTHER (State or country) South Carolina

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest Lee

(Address) Paradise Ariz

PLACE OF BURIAL OR REMOVAL Paradise Ariz

DATE OF BURIAL OR REMOVAL Aug 31 1916

UNDERTAKER Cadwell Und Co

ADDRESS Douglas Arizona

S. F. Cole Embalmer Licence 87

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 30 (Day) 1916 (Year)

I hereby certify, that I attended deceased from Aug 30 1916 to Aug 30 1916; that I last saw him alive on Aug 30 1916, and that death occurred on the date stated above at 9 P M. The DISEASE or INJURY causing death was as follows:

Fracture of base of skull (accidental)

(Duration) ..... yrs. ..... mos. 1 days

Was disease contracted in Arizona? Yes

If not, where? ✓

CONTRIBUTORY

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

(Signed) T. J. Wright

8/31 1916 (Address) Douglas Ariz

*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 AUG 30 1916 191 ..... W. A. Reese Local Registrar

Filed Sept 11 1916 C. H. Hunt County Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.