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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.

PLACE OF DEATH
County Gila
District
Town
Or City Globe

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 98
County Registered No. 136
Local Registrar's No.

No. Anderson & Black Addition
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Hellen Mae Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

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

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH Unknown 191__ (Month) (Day) (Year)

AGE — yrs. — mos. 10 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) Globe Ariz

PARENTS
NAME OF FATHER Joseph D Lee
BIRTHPLACE OF FATHER (State or Country) Colo
MAIDEN NAME OF MOTHER Harriett Groover
BIRTHPLACE OF MOTHER (State or Country) Unknown

The Above Is True to the Best of My Knowledge
(Informant) Joseph D Lee
(Address) Globe Ariz

PLACE OF BURIAL ~~OR REMOVAL~~ Globe Ariz
DATE OF BURIAL ~~OR REMOVAL~~ Apr 7 1919

UNDERTAKER L Jones Son
ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 6 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 4-6 1919 to 4-6 1919; that I last saw him alive on 4-6 1919, and that death occurred on the date stated above at 9 P.M. The DISEASE or INJURY causing Death was as follows: unknown

(Duration) — yrs. — mos. 1 days

Was disease contracted in Arizona?
If not, where?

CONTRIBUTORY
(Duration) — yrs. — mos. — days

(Signed) Warren J Judd
4-10-1919 (Address) Globe

*In death 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 Life yrs. — mos. — ds.
Former or Usual Residence

Filed Apr 7 1919 B G Lia
Local Registrar

Filed May 5 1919 B G Lia
County Registrar

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