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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 127
County Registered No. 6909
Local Registrar's No. 129

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

PLACE OF DEATH

County Maricopa
District No 3
Town Or City Mesa

FULL NAME Truman C 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) 5 (Day) 1916 (Year)

AGE: 2 yrs. 5 mos. 25 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): Texas

PARENTS
NAME OF FATHER: C A Lee
BIRTHPLACE OF FATHER (State or country): Texas
MAIDEN NAME OF MOTHER: Rainie Lindley
BIRTHPLACE OF MOTHER (State or country): Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C G Lee
(Address) Mesa

PLACE OF BURIAL OR ~~REMOVAL~~: Mesa Cemetary
DATE OF BURIAL ~~OR REMOVAL~~: May 1 1919
UNDERTAKER: M A Burton & Sons
ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 1 (Day) 1919 (Year)

I hereby certify, that I attended deceased from April 28 1919 to May 1st 1919; that I last saw him alive on May 1st 1919, and that death occurred on the date stated above at 2 A.M. The DISEASE or INJURY causing death was as follows: Pneumonia Lobar (following 10 Days of Influenza)
(Duration) ..... yrs. ..... mos. 2 days

Was disease contracted in Arizona? Yes
If not, where?
CONTRIBUTORY: Severe body Burns sustained April 10th
(Duration) ..... yrs. ..... mos. 20 days

(Signed) J. B. Nelson
May 1st 1919 (Address) Mesa

*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 5/1 1919 Dr. J. E. Drane
Local Registrar

Filed June 7 1919 A. B. Harrold
County Registrar

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.

FILL OUT ALL BLANKS.