4076

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 430
County Registered No. 53
Local Registrar's - No. 38

PLACE OF DEATH

County Graham
District Safford
Town Or City Mt Graham Gila Fraser Camp,
No. ..... St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Sing Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE, MARRIED, WIDOWED or DIVORCED: Unknown

DATE OF BIRTH: 1850 about 19— (Month) (Day) (Year)

AGE: 70 yrs. unknown mos. unknown days hrs., or ..... min. If less than 1 day

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

BIRTHPLACE (State or Country): China

PARENTS
NAME OF FATHER: Unknown
BIRTHPLACE OF FATHER (State or Country): Unknown
MAIDEN NAME OF MOTHER: Unknown
BIRTHPUACE OF MOTHER (State or country): Unknown

The Above is True to the Best of My Knowledge
(Informant) Jung Yong
(Address) Phoenix Ariz.

PLACE OF BURIAL OR REMOVAL: Safford
DATE OF BURIAL OR REMOVAL: 7/22 1920
UNDERTAKER: Rawson & O'Byan
ADDRESS: Safford, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21, 1920 (Month) (Day) (Year)

I hereby certify that I attended deceased from — 19— to — 19—; that I last saw h— alive on — 19—, and that death occurred on the date stated above at 11 A. M. The DISEASE or INJURY causing death was as follows: Arteriosclerosis (no doctor)

(Duration)) 5 yrs. ..... mos ..... days

Was disease contracted in Arizona? Yes

If not, where?

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

(Signed) J. N. Stratton H.O.
7/22 1920 (Address) Safford, Ariz.

*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 Ariz. ..... yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed 8-5 1920 Alma Burns. Local Registrar.

Filed 8-10 1920 J. N. Stratton County Registrar.

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.