2539

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 328

County Registered No.

Local Registrar's - No.

PLACE OF DEATH

County Pinal

District Casa Grande

Town Or City Casa Grande

No. ..... St.

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

FULL NAME Lola Weaver Lee (widow)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

Color or Race: White (circled) Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED ✓ or DIVORCED

DATE OF BIRTH: October 9 1865 ~~192~~ (Month) (Day) (Year)

AGE: 65 yrs. ..... mos. ..... days | If less than 1 day ..... hrs., or ..... min

OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed or (employer): 36

BIRTHPLACE (State or Country): Minnesota

PARENTS

NAME OF FATHER: Daniel S. Weaver

BIRTHPLACE OF FATHER (State or Country): New York

MAIDEN NAME OF MOTHER: Celestia Peters

BIRTHPLACE OF MOTHER (State or Country): New York

The Above is True to the Best of My Knowledge.

(Informant) Mrs. T. R. Pearl

(Address) Casa Grande

PLACE OF BURIAL OR REMOVAL: Casa Grande

DATE OF BURIAL OR REMOVAL: Oct. 10 — 1920

UNDERTAKER: D. O. Martin

ADDRESS: Florence

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 9 1920 (Month) (Day) (Year)

I hereby certify that I attended deceased from Sept 25 1920, to Oct 9 1920; that I last saw her alive on Oct 9 1920 and that death occurred on the date stated above at 3.10 A M. The DISEASE or INJURY causing death was as follows: Surgical Shock following Cholecystotomy

(Duration) ..... yrs. ..... mos. 3 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY: Carcinoma of Pancreas

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

(Signed) John R Walls

Oct 12 1920 (Address) Casa Grande

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death 26 yrs. ..... mos. ..... ds. In Ariz. 26 yrs. ..... mos. ..... ds.

Former or Usual Residence: North Dakota

Filed Oct 20 1920 E. T. Lowers Local Registrar.

Filed ..... 192.... ..... County Registrar.