ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5334

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 65

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 10 yrs; IN ARIZONA 74 yrs
C. CITY OR TOWN: Safford
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1108 8th Ave - Safford

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz
B. COUNTY: Graham
C. CITY OR TOWN: Safford
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1108 8th AVENUE

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) WILLIAM B. (MIDDLE) ARTHUR C. (LAST) LINES
4. SEX: MALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: Sarah Eva Lines
7. DATE OF BIRTH: MONTH Nov DAY 2 YEAR 1879
8. AGE (IN YEARS LAST BIRTHDAY): 75
IF UNDER 1 YEAR: MONTHS 10 DAYS 17
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): FARMER
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): UTAH
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO (IF YES, WAR OR DATES OF SERVICE) —
13. SOCIAL SECURITY NO. —
14A. FATHER'S NAME: Henry Lines
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Emily Meech
15B. BIRTHPLACE (STATE OR COUNTRY): Nebraska
16. INFORMANT'S SIGNATURE: Sarah Eva Lines ADDRESS: Safford Ariz
17. DATE OF DEATH (MONTH) Sept (DAY) 19 (YEAR) 1955

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Leukemia
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: 2 years

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-29, 1954, TO 9-19, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 9-19, 1955, AND THAT DEATH OCCURRED AT 8:00 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): John W. Moore MD
22B. ADDRESS: 803 7th St Safford Arizona
22C. DATE SIGNED: 9/23/55

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9/21/55
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, ARIZONA
26A. DATE REC. BY LOCAL REG.: Sept 23/55
26B. REGISTRAR'S SIGNATURE: M. Shutton M.D. Deputy O. H. Lopez
27A. ~~FUNERAL~~ DIRECTOR'S SIGNATURE: Lawson, FSH
27B. ADDRESS: Safford Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70385