ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 09961

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 12 yrs. IN ARIZONA 57 yrs.
C. CITY OR TOWN: St. David — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Rural

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: St. David — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JAMES B. (MIDDLE) ELLIOTT C. (LAST) LEE
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ella Loree Lee
7. DATE OF BIRTH: MONTH Nov. DAY 11 YEAR 1873
8. AGE (IN YEARS LAST BIRTHDAY): 79
IF UNDER 1 YEAR: MONTHS — DAYS — IF UNDER 24 HRS.: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Highway Dept. Employee
9B. KIND OF BUSINESS OR INDUSTRY: State Hwy.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: 527-20-7234
14A. FATHER'S NAME: Andrew Peter Lee
14B. BIRTHPLACE (STATE OR COUNTRY): Virginia
15A. MOTHER'S MAIDEN NAME: Matilda Caroline Masters
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Loree V. Lee — ADDRESS: St. David, Arizona
17. DATE OF DEATH: (MONTH) January (DAY) 24 (YEAR) 1958

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Acute Circulatory Failure	Abrupt
DUE TO (B)	Coronary Thrombosis and Myocardial infarction	1 year
DUE TO (C)	Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic congestive heart failure — 1 year

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 5, 1958 TO Jan. 24, 1958, THAT I LAST SAW THE DECEASED ALIVE ON Jan. 24, 1958, AND THAT DEATH OCCURRED AT 8:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Ernest L. Clawson (DEGREE OR TITLE) D. O.
22B. ADDRESS: 3013 No. 1st. Ave.
22C. DATE SIGNED: 1/25/58

DEATH DUE TO EXTERNAL VIOLENCE
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: 1/27/58
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 2-10-58
26B. REGISTRAR'S SIGNATURE: Amy Lemery, Dep. Reg.
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona

FORM VS-2 REV. 8-1-53 AMPCO 77595