

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Gila
District _____
Town or city Payson

BUREAU OF VITAL STATISTICS

State Index - - - No. 75
County Registrar's - No. _____
Local Registrar's - No. 98

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME R. E. Lee
(a) Residence. No. Ashurst Arizona St. _____ Ward Ashurst
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alpharetta, Cluff Lee.

6. DATE OF BIRTH (month, day and year) Jan. 2 1866
7. AGE Years 62 Months _____ Days _____ IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Foreman of road. (b) General nature of industry, business or establishment in which employed (or employer) Forest Service. (c) Name of employer _____

9. BIRTHPLACE (city or town) Hurricane Utah (State or Country)

10. NAME OF FATHER John D. Lee

11. BIRTHPLACE OF FATHER (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Sarah E. Williams

13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant (Address) _____

15. Filed 6/15 1928 H. E. Wightman Local Registrar.

Filed _____ 19____ County Registrar. V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 23 1928

17. I HEREBY CERTIFY, That I attended deceased from May 20/28 1928 to May 23 1928

that I last saw him alive on May 23 1928 and that death occurred on the date stated above, at 7:30 p.m. The CAUSE OF DEATH was as follows: Lobar Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORS (secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? Payson Ariz

Did an operation precede death? no date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

Signed A. H. Brown M. D. (Address) Payson Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Central Arizona DATE OF BURIAL May 25th 1928

20. UNDERTAKER Miles Martens ADDRESS Slope Ariz.