2230

BUREAU OF VITAL STATISTICS — ARIZONA STATE BOARD OF HEALTH — STANDARD CERTIFICATE OF DEATH

State File No. 94

Local Registrar's No. 207

1. PLACE OF DEATH

County Graham State Arizona

District or Township Safford or Village Pima or

City Pima No. St., Ward

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

2. FULL NAME Alvin Lines

(a) Residence, No. Pima St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED or DIVORCED~~. (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 12-13-1885

7. AGE: Years 44 Months 10 Days 13 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pima (State or country) Arizona

PARENTS

10. NAME OF FATHER W. H. Lines

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

12. MAIDEN NAME OF MOTHER Emily Veach

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

14. Informant Joe Lines (Address) Pima, Ariz.

15. Filed Nov 8, 1930 L. M. Stratton Registrar. By [illegible]

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 26 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1930 to Oct 26, 1930 that I last saw him alive on Oct 24, 1930 and that death occurred, on the date stated above, at 10 A. m. The CAUSE OF DEATH* was as follows: Wound over Heart caused from kick from a Horse

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. B. Blake (Coroner) M.D.

Corona Oct. 27 1930 (Address) Pima

* 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: Pima Ariz

DATE OF BURIAL: Oct 27-30

20. UNDERTAKER: A. C. Rawson

ADDRESS: Safford