2335

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 224

Registered No. 96

1. PLACE OF DEATH

County Maricopa State ARIZONA

Township ..... or Village .....

City Horse Mesa Dam No. ..... St. ..... or Ward

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

Length of residence in city or town where death occurred 0 yrs. 7 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Archie Lobb How long in State where death occurred? 25 yrs. 10 mos. 28 ds.

(a) Residence: No. Mesa, Arizona St., ... Ward ..... (If non-resident give city or town and state)

(Usual place of abode)

2409

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 Juanita L. Lobb

6. DATE OF BIRTH (month, day, and year) June 15, 1911

7. AGE: Years 25 | Months 10 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cons. Company

10. Date deceased last worked at this occupation (month and year) 5-13-37

11. Total time (years) spent in this occupation 7 mos.

12. BIRTHPLACE (city or town) (State or Country) Mesa Arizona

FATHER

13. NAME William A. Lobb

14. BIRTHPLACE (city or town) (State or Country) Silver King Arizona

MOTHER

15. MAIDEN NAME Mattie P. James

16. BIRTHPLACE (city or town) (State or Country) Flagstaff Arizl

17. INFORMANT Wm. A. Lobb (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Mesa, Arizona Date 5-15-37 19....

19. EMBALMER License No. 178-A Signature Jess Meldrum

FUNERAL DIRECTOR Meldrum Mortuary

Address Mesa, Arizona

20. Filed May 19, 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~Did not see alive~~ 19.... to ..... 19.... I last saw h..... alive on ..... 19.... ; death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Internal injuries in both thoracic and abdominal cavities due to being crushed by heavy truck.	5-13-37

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-13-37

Where did injury occur? Public place (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Publick place

Manner of injury crushed by truck.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) [signature] M. D.

(Address) Justice of the Peace, Mesa Precinct

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information