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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

77
STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Cochise State ARIZONA State File No. 30
Township _____ or Village Paradise Registered No. 199
City Paradise No. Lee Ranch (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
Length of residence in city or town where death occurred 30 yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME William Powell Lee How long in State when death occurred 30 yrs. _____ mos. _____ ds.
(a) Residence: No. Paradise St. _____ Ward _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>			21. DATE OF DEATH (month, day, and year) <u>11-12, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Hester Winifred Lee</u>				22. <u>Nov-12</u> HEREBY CERTIFY THAT I attended deceased from _____, 19 <u>39</u> , to _____, 19____		
6. DATE OF BIRTH (month, day, and year) <u>11-11-1890</u>					I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at <u>8 P.</u> m.	
7. AGE	Years	Months	Days	The principal cause of death and related causes of importance were as follows:		
<u>49</u>			<u>1</u>	<u>Internal injuries due to horse falling over cliff with deceased.</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>				Date of Onset		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or Country) <u>Coyote Falls Texas</u>				Name of operation _____ Date of _____		
13. NAME <u>John Spurgeon Lee</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____		
14. BIRTHPLACE (city or town) (State or Country) <u>Alabama</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury <u>Nov 12 1939</u>		
15. MAIDEN NAME <u>Jane Vincent</u>				Where did injury occur? <u>Paradise Cochise Co. Arizona</u> (Specify city or town, county and State)		
16. BIRTHPLACE (city or town) (State or Country) <u>Anderson Texas</u>				Specify whether injury occurred in industry, in home, or in public place. <u>Public place. Corral de Juntas</u>		
17. INFORMANT (Address) <u>Hall Lee, Paradise, Arizona</u>				Manner of injury <u>Fall from horse</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Paradise Ariz</u> Date <u>11-14-39</u>				Nature of injury <u>Internal injuries</u>		
19. EMBALMER License No. _____ Signature <u>London Brown</u>				24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>		
FUNERAL DIRECTOR <u>Porter & Sons 29-1-2 Bonvil Douglas, Ariz</u>				If so, specify <u>He was a Rancher</u>		
20. Filed <u>Nov 14, 1939</u> Registrar <u>Walter Lee</u> (Address) <u>710-A. Corral Arizona</u>				M. D.		