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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 195

Registrar's No. 57

1. Place of Death: (a) County Mavicopa (b) City or Town LEHI MPSA (c) Location At Home (LEHI)  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution No; In Community 18 years; in Arizona 56 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Mavicopa; (c) City or Town Lehi  
(If outside city limits also write RURAL)  
(d) Street No. LEHI DISTRICT; (e) Citizen of foreign country (yes or No) No  
If Yes, which country NO  
3. (a) FULL NAME Robert Edmond Lee (b) If Veteran name war No Social Security No. 507-00-6648  
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband, or wife ELVIRA LEE 6. (c) Age of husband or wife, if alive 47 yrs.  
7. Birthdate of deceased Feb 22 1887  
(Month) (Day) (Year)  
8. AGE: Years 56 Months — Days 13 If less than one day hrs. min.  
9. Birthplace Central, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation Farming  
11. Industry or Business  
12. Name Robert Edmond Lee  
13. Birthplace Hurricane, Utah  
(City, town or county) (State or Country)  
14. Maiden Name Alpharetta Rebecca Cluff  
15. Birthplace Provo, Utah  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Elvira Lee  
(b) Address Mesa, Ariz, Rt. 138171

17. (a) Burial, Cremation or Removal Burial  
(b) Place Mesa, Ariz (c) Date Mar 11, 1943

18. (a) Embalmer's Signature Loren V. Gutierrez, Jr  
(b) Funeral Director Loren V. Gutierrez, Jr  
(c) Address 40 N. Central Ave. Mesa, Ariz

19. (a) March 10, 1943  
(Date received local Registrar)  
(b) [Signature]  
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar 8, 1943  
TIME (Hour and minute) 11:40 P.M.

21. I hereby certify that I attended the deceased from Feb 15th  
1943 to March 4th 1943  
that I last saw him alive on March 4th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

DURATION 9 months  
PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (a) Means of injury  
23. Signature [Signature] M. D.  
Address [Signature] Date signed 3/8/43