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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No. 567

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Joseph's Hos. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 4 hours; In Community 1 yr.; in Arizona 1 yr. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits also write RURAL)

(d) Street No. R # 8; (e) Citizen of foreign country (yes or No)
If Yes, which country

3. (a) FULL NAME Melvin Duane Vines (b) If Veteran name war Social Security No. (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Baby

6. (b) Name of husband or wife | 6. (c) Age of husband or wife, if alive ... yrs.

7. Birthdate of deceased Sept. 17, 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	6	8	hrs. ... min.

9. Birthplace Salt Lake City, Utah (City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business

Father
12. Name Ezra L. Vines
13. Birthplace Bessemer, Alabama (City, town or county) (State or Country)

Mother
14. Maiden Name Mary Ellen Johnson
15. Birthplace Mesa, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature E. L. Vines
(b) Address R # 8, Phoenix, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa (c) Date 3-29 1943

18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen-Kingsley
(c) Address 1020 W. Wash.

19. (a) APR 1 (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) March 25, 1943, 19...;
TIME (Hour and minute) 11:30 P. M. M.

21. I hereby certify that I attended the deceased from 3-15-43, 19... to 3-25, 1943;
that I last saw him alive on 3-25, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Kerosene poisoning

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same —

DURATION 4 hrs

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) Accident
(b) Date of occurrence March 25 1943
(c) Where did injury occur? Near Phoenix (City or Town) Maricopa (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Drank kerosene

23. Signature E. Henry Running M. D.
Address Date signed