9628

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 312
Registrar's No. 191

1. Place of Death: (a) County Maricopa (b) City or Town Gilbert (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 31 Yrs (Specify whether years, months or days) ; in Arizona 31 yrs
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Gilbert (If outside city limits also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (yes or No) no
If Yes, which country
3. (a) FULL NAME Cora E. Lines (b) If Veteran name war (c) Social Security No. none

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

6. (b) Name of husband or wife: G.W. Lines
6. (c) Age of husband or wife, if alive 71 yrs
7. Birthdate of deceased Feb. 14, 1866 (Month) (Day) (Year)
8. AGE: Years 77 | Months 7 | Days 13 | If less than one day hrs. min.
9. Birthplace Cortland, Ill. (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father: 12. Name Lem. Collin White
13. Birthplace Canada (City, town or county) (State or Country)
Mother: 14. Maiden Name Lucinda Baxter
15. Birthplace Michigan (City, town or county) (State or Country)
16. (a) Informant's own signature G.W. Lines
(b) Address Gilbert, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date Oct. 1, 1943
18. (a) Embalmer's Signature C. Sherman Gavette
(b) Funeral Director M.L. Gibbons Mortuary
(c) Address Mesa, Arizona
19. (a) Oct. 14, 1943 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 27, 1943, 19 ;
TIME (Hour and minute) 6:45 P. M.
21. I hereby certify that I attended the deceased from Sept 12, 1943 to Sept 27, 1943; that I last saw her alive on Sept 27, 1943; and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Dilitation
Due to Mitral regurgitation & Hypertrophy
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION

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? (e) Means of injury
23. Signature Jas. M. Tresor M. D.
Address Chandler Date signed 10-5-43

20M 100% Rag 8-42 B. Co. County File No. Date Received