

2432

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 37
Registrar's No. 193

1. Place of Death: (a) County Cochise (b) City or Town Douglas (c) Location Cochise Co. Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2hrs. 52 Min.; In Community 2 Hrs. 52 Min.; In Arizona 25yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Cochise (c) City or Town Benson
(If outside city limits also write RURAL)
(d) Street No. -----
(e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME Cecil Oral Lee (b) If Veteran name war no (c) Social Security No. none

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

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

7. Birthdate of deceased May. 11, 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 16 hrs. ----- min. -----
If less than one day

9. Birthplace Coleman Okla.
(City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business General

12. Name E.T. Lee

13. Birthplace Missouri
(City, town or county) (State or Country)

14. Maiden Name unknown

15. Birthplace Alabama
(City, town or county) (State or Country)

16. (a) Informant's own signature Page La

(b) Address Benson Ariz.

17. (a) Burial, Cremation or Removal Removal

(b) Place Bisbee, Arizona Date 11/27/45

18. (a) Embalmer's Signature John B. Dagan

(b) Funeral Director John B. Dagan

(c) Address Bisbee Ariz

19. (a) Nov. 29 - 1942 -
(Date received Local Registrar)

(b) C. W. Adams
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 27, 1945
TIME (Hour and minute) 11:52 A:M M.

21. I hereby certify that I attended the deceased from Mar 26, 1945 to Mar 27, 1945
that I last saw him alive on Mar 27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-cerebral injury
self inflicted while
suffering from acute
alcoholism

Due to -----

Other conditions (Include pregnancy within three months of death) -----

Major findings: Of operations -----

Of autopsy -----

DURATION
8 hours
22 days
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 George W. Kern M. D.
Address Bisbee Ariz Date signed 11-27-45