

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.

Dr. Truman

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Maricopa State Arizona Arizona
Township _____ or Village _____
City Mesa No. South Side Hosp; (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 _____ yrs _____ mos. 5 ds. How long in U. S. if of foreign birth? _____ yrs _____ mos. _____ ds.
2. FULL NAME Elvan Stanley Lines How long in state when death occurred 21 yrs. 12/21
(a) Residence: No. Gilbert, Arizona St. _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Lines
6. DATE OF BIRTH (month, day, and year) Dec. 5, 1900
7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. 33 0 0
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. Own Ranch
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) Boulder, Colo. (state or country)
13. NAME J. W. Lines
14. BIRTHPLACE (city or town) Unidela Nab. (State or country)
15. MAIDEN NAME Bertie Edwards
16. BIRTHPLACE (city or town) Dismen Calif. (State or country)
17. INFORMANT Mrs. Lula Lines (Address) Gilbert, Arizona
18. BURIAL, CREMATION, OR REMOVAL Place Mesa, Arizona Date 12/6/33
19. UNDERTAKER Meldrum Mortuary (Address) Mesa, Arizona
20. Filed Dec. 6, 1933 J. C. Meldrum Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) Dec. 5, 1933
22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1933, to Dec 5, 1933
I last saw him alive on Dec 4, 1933; death is said to have occurred on the date stated above, at 1 A. M.
The principal cause of death and related causes of importance were as follows:
Acute gangrenous appendicitis Date of Onset 11-28-33
Other contributory causes of importance: Suffered from 12-3-33
Name of operation appendectomy Date of 11-29-33
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Geo. C. Truman, M. D. (Address) Mesa, Arizona