420

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.
WRITE PLAINLY WITH INFADING INK. FILL OUT ALL BLANKS in plain terms, that it may be properly classified.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Make every effort possible to secure this information.
If any item can not be obtained insert the word "unknown."
Incorrect certificates will be returned for correction.

Form 8 5-09-4m.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 206

Ter. Index No. 179-8

County Registered No. 3

PLACE OF DEATH

County of Apache

District of Eagar

Town of Eagar

or

City of ..... (No. ....., ... St., ... Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")

FULL NAME Lewis Newel Rencher

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
At Place of Death 4 yrs 9 mos.
In Arizona ..... yrs ..... mos.

SEX Male

COLOR OR RACE: White ✓ Black Mexican Chinese Indian

DATE OF BIRTH Nov. 3rd 1904 (month) (day) (year)

AGE 4 years 9 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or foreign country) Arizona

OCCUPATION

NAME OF FATHER Joseph A. Rencher

BIRTHPLACE OF FATHER (State or foreign country) Utah

MAIDEN NAME OF MOTHER Nettie Hunt

BIRTHPLACE OF MOTHER (State or foreign county) Utah

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant) O P Green

(Address) Eagar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 3rd 1909 (month) (day) (year)

I hereby certify, That I attended deceased from ..... 19.... to ..... 19.....

that I last saw h..... alive on ..... 19.....

and that death occurred on the date stated above at ..... M

The DISEASE or INJURY causing DEATH was as follows;

Where contracted ..... Duration .....

Contributing cause (if any) .....

Where contracted ..... Duration .....

(Signed) No Medical Attendance M.D.

..... 19.... Address .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence ..... How long at Place of Death ..... Days

Place of burial or removal Eagar

Date of burial or removal Aug 4th 1909

Undertaker

Address

Filed Aug. 3rd 1909 O P Green Local Register.

Filed Aug 10 1909 A S Roberts County Register.