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MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

Form 8 5-09-4m.

PLACE OF DEATH

County of Apache
District of Edgar
Town of Edgar
or
City of _____

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH 209
Ter. Index No. _____
County Registered No. 6

179-8

(If death occurs away from USUAL (No. _____ St., _____ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
RESIDENCE, give facts called for under "Special information.")
FULL NAME Bernard Jay Rencher

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
At Place of Death 3 yrs _____ mos.
In Arizona _____ yrs _____ mos.
SEX Male COLOR OR RACE White Chinese
Black Indian
Mexican
DATE OF BIRTH Aug 12 1906
(month) (day) (year)
AGE 3 years _____ months _____ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
BIRTHPLACE (State or foreign country) Arizona
OCCUPATION _____
NAME OF FATHER J. J. Rencher
BIRTHPLACE OF FATHER (State or foreign country) Utah
MAIDEN NAME OF MOTHER Carmelia Jensen
BIRTHPLACE OF MOTHER (State or foreign county) Arizona
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
Informant A. P. Green
(Address) Edgar, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1909
(month) (day) (year)
I hereby certify, That I attended deceased from _____ 19... to _____ 19...
that I last saw him 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) _____ 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 _____ Date of burial or removal _____ 19...
Undertaker None Address _____
Filed Aug 12th 1909 A. P. Green Local Register.
Filed Aug 15 1909 A. S. Robert County Register.