

426

Form 8 5-09-4m.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 212

PLACE OF DEATH
 County of Apache
 District of Edgar
 Town of Edgar
 or
 City of _____

Ter. Index No. 212

County Registered No. 9

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")
 St. _____ Ward. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Laura Pencher

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
 At Place of Death 4 yrs 10 mos.
 In Arizona 4 yrs 10 mos.

SEX Female COLOR OR RACE White Chinese
 Black Indian
 Mexican

DATE OF BIRTH October 18 1904
 (month) (day) (year)

AGE 4 years 10 months 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or foreign country) Arizona

OCCUPATION

NAME OF FATHER L. J. Pencher

BIRTHPLACE OF FATHER (State or foreign country) Utah

MAIDEN NAME OF MOTHER Camelia 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 O. P. Greer
 (Address) Edgar, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 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)..... 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 Edgar Date of burial or removal Aug 24 1909

Undertaker None Address

Filed Aug 24th 1909 O. P. Greer Local Register.
 Filed Sept 17 1909 A. Robert County Register.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY WITH UNFADING INK. 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.