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Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS 367

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO.

COUNTY REGISTER

ST. LOCAL REGISTRAR

PLACE OF DEATH

COUNTY

Graham

DISTRICT

TOWN

OR CITY

Safford

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME

Eric Grenner

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR or RACE White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
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DATE OF BIRTH _____ 1898
(Month) (Day) (Year)

AGE *14* yrs. _____ mos. _____ days _____ hrs., or _____ min.
If less than 1 day

OCCUPATION
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (State or country) *Safford*

NAME OF FATHER *Maurice O. Grenner*

BIRTHPLACE OF FATHER (State or country) _____

MAIDEN NAME OF MOTHER *Maud Barnett*

BIRTHPLACE OF MOTHER (State or country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL OR REMOVAL _____ 19__

UNDERTAKER _____ ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *June 30*
(Month) (Day)

I hereby certify, that I attended deceased from *June 30* 1912 to _____ 1912; that I last saw on *June 30* 1912 and that death occurred stated above at *5 p* M. The DISEASE or INJURY was as follows:

Fracture of skull & concussion
(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona? *yes*

If not, where? *Ill*

CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days

(Signed) *A. J. Warner* M. D.
Oct 16, 1912 (Address) *Safford, Arizona*

*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence _____

Filed *Oct 18* 1912 *Mrs. M. D. French* Lock Registrar
R. C. Dwyer County Registrar

If any item cannot be obtained insert the word "unknown." Make every effort possible to be informative. Incorrect certificates will be returned for correction.