2855

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms. It may be properly assigned.
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.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

730

TERRITORIAL INDEX NO.

COUNTY REGISTERED NO. 65

PLACE OF DEATH

COUNTY Navajo

DISTRICT Taylor

TOWN OR CITY Taylor NO. ST. LOCAL REGISTRAR'S NO.

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

FULL NAME Lafayette Jennings

PERSONAL AND STATISTICAL PARTICULARS.

SEX: White

COLOR or RACE: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Nov (Month) 29th (Day) 1879 (Year)

AGE: ....yrs....mos....days. If less than 1 day, ...hrs., or ....min.

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

BIRTHPLACE (State or country): Rockville Utah.

PARENTS

NAME OF FATHER: Lyman M. Jennings

BIRTHPLACE OF FATHER (State or country): Utah.

MAIDEN NAME OF MOTHER: Hannah J. Hansen

BIRTHPLACE OF MOTHER (State or country): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

PLACE OF BURIAL OR REMOVAL: Taylor.

DATE OF BURIAL OR REMOVAL: Sept. 29th 1914

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 28th (Day) 1914 (Year)

I hereby certify, that I attended deceased from ....191.... to ....191....; that I last saw h.... alive on ....191.... and that death occurred on the date stated above at ....M. The DISEASE or INJURY causing Death was as follows: Typhoid Fever

....(Duration)....yrs....mos....days. 28

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

....(Duration)....yrs....mos....days....

(Signed) ....., M. D

....., 191.... (Address)

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

LENGTH OF RESIDENCE

At place of death 30 yrs....mos....ds. In Arizona....yrs....mos....ds.

Former or Usual Residence

Filed ....191.... Hilda L. Lewis Local Registrar

Filed 10-16 1914 J. M. Bagell County Registrar.