9874

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 word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 167
County Registered No. 1041
Local Registrar's No. 102

PLACE OF DEATH

County Maricopa
District No 3
Town Or City Mesa

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

FULL NAME Sarah P Denny

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
Color or Race: X White, Indian, Black, Chinese, Mexican
SINGLE, X MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Apl (Month) 20 (Day) 1881 ~~191~~ (Year)

AGE: 34 yrs. 9 mos. 1 days
If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): Ariz

PARENTS
NAME OF FATHER: H G Wentworth
BIRTHPLACE OF FATHER (State or country): Mass
MAIDEN NAME OF MOTHER: Mary E Biggs
BIRTHPLACE OF MOTHER (State or country): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E Biggs
(Address) Mesa

PLACE OF BURIAL ~~OR REMOVAL~~: Mesa Cemetary
DATE OF BURIAL ~~OR REMOVAL~~: Jan 22 1916

UNDERTAKER: W A Burton & Sons
ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 21 (Day) 1916 (Year)

I hereby certify, that I attended deceased from Jan 19th 1916 to Jan 21st 1916; that I last saw her alive on Jan 21st 1916, and that death occurred on the date stated above at 10.45 a.m. The DISEASE or INJURY causing Death was as follows: Inoperable Pelvic Carcinoma with Peritoneal Metastasis
(Duration) Do not know yrs. ..... mos. ..... days

Was disease contracted in Arizona? No
If not, where? California
CONTRIBUTORY
(Duration) ..... yrs. ..... mos. ..... days

(Signed) J. B. Nelson M.D.
Jan 21st 1916 (Address) Mesa

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

LENGTH OF RESIDENCE
At place of death 34 yrs. 9 mos. ..... ds. In Arizona 34 yrs. 9 mos. ..... ds.
Former or Usual Residence

Filed 1/26/1916 J. E. Drane, Local Registrar
Filed ..... 191 A. B. Nichols, County Registrar