

WRITE PLAIN 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.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County <u>Cochise</u>		BUREAU OF VITAL STATISTICS	
District <u>Pomeroy</u>		State Index No. <u>359</u>	
Town _____		ORIGINAL CERTIFICATE OF DEATH	
Or City _____		County Registered No. _____	
		Local Registrar's No. _____	
No. _____ St. _____			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Birthe Marilynn Jennings</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race White <u>Indian</u> Black Chinese Mexican	DATE OF DEATH <u>November 29</u> 191 <u>7</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept 11</u> 191 <u>6</u> (Month) (Day) (Year)	SINGLE <u>MARRIED</u> WIDOWED or DIVORCED	I hereby certify, that I attended deceased from <u>Nov. 24</u> 191 <u>7</u> to <u>Nov. 28</u> 191 <u>7</u> ; that I last saw her <u>alive</u> on <u>Nov. 28</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>2:45</u> A.M. The DISEASE or INJURY causing Death was as follows: <u>Epilepsy</u>	
AGE <u>7</u> yrs <u>2</u> mos <u>19</u> days If less than 1 day --- hrs., or --- min.	OCCUPATION (a) Trade, profession or particular kind of work <u>school child</u> (b) General nature of industry, business, or establishment in which employed or (employer)	Was disease contracted in Arizona? <u>yes</u> (Duration) <u>5</u> yrs. ___ mos. ___ days	
BIRTHPLACE (State or country) <u>Arizona</u>	NAME OF FATHER <u>Chester B. Jennings</u>	CONTRIBUTORY (Duration) ___ yrs. ___ mos. ___ days	
BIRTHPLACE OF FATHER (State or Country) <u>N.J.</u>	BIRTHPLACE OF MOTHER (State or Country) <u>New Mexico</u>	(Signed) <u>W. J. H. Morgan</u> <u>Dec 1</u> 191 <u>7</u> (Address) <u>Benson Ariz</u>	
MAIDEN NAME OF MOTHER <u>Adeline Jones</u>	PLACE OF BURIAL OR REMOVAL	*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
DATE OF BURIAL OR REMOVAL	UNDERTAKER	LENGTH OF RESIDENCE At place of death ___ yrs ___ mos ___ ds. In Arizona <u>7</u> yrs <u>2</u> mos ___ ds.	
ADDRESS	ADDRESS	Former or Usual Residence <u>Born Arizona</u>	
		Filed <u>Dec 15</u> 191 <u>7</u> <u>W. H. Hallam</u> Local Registrar	
		Filed <u>Dec 28</u> 191 <u>7</u> <u>C. H. Hunt</u> County Registrar	