2322

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. 793

County Registered No.

Local Registrar's No.

PLACE OF DEATH

County Navajo

District

Town Or City Lakeside

No. St.

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

FULL NAME Paul Ray Penrod

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White ~~Indian~~ ~~Black~~ Chinese ~~Mexican~~

~~SINGLE~~ MARRIED WIDOWED ~~or DIVORCED~~

DATE OF BIRTH: Nov. (Month) 7 (Day) 1891 (Year)

AGE: 26 yrs. 11 mos. 20 days — If less than 1 day, hrs., or min.

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): Arizona

PARENTS

NAME OF FATHER: David S. Penrod

BIRTHPLACE OF FATHER (State or country): Utah

MAIDEN NAME OF MOTHER: Cynthia A. Smith

BIRTHPLACE OF MOTHER (State or county): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L. Fish

(Address) Lakeside, Ariz.

PLACE OF BURIAL OR REMOVAL: Pinetop, Ariz.

DATE OF BURIAL OR REMOVAL: 19

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 27 (Day) 1918 (Year)

I hereby certify, that I attended deceased from One visit 191 to Oct 27 1918; that I last saw him alive on Oct 27 1918 and that death occurred on the date stated above at P.M. The DISEASE or INJURY causing Death was as follows:

Pneumonia with failing compensation

(Duration) yrs. mos. 4 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY: Influenza

(Duration) yrs. mos. days

(Signed) D. L. Carmichael Jr.

Nov 4 1918 (Address) Pinetop 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. 10 mos. ds. In Arizona 26 yrs. 11 mos. 20 ds.

Former or Usual Residence

Filed 191 John L. Fish, Local Registrar

Filed 12/22 1918 [illegible], County Registrar