

1693

PLACE OF DEATH

County Maricopa
District Phoenix
Town Glendale
Or City

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 744
County Registered No. 610
Local Registrar's No. 124

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Mrs. J. S. Lebers

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH _____ 191____
(Month) (Day) (Year)

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

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

BIRTHPLACE (State or country) Calif

NAME OF FATHER John Pennington

BIRTHPLACE OF FATHER (State or Country) Cal

MAIDEN NAME OF MOTHER Le Gordon

BIRTHPLACE OF MOTHER (State or Country) Oregon

The Above Is True to the Best of my Knowledge
(Informant) _____
(Address) _____

PLACE OF BURIAL OR REMOVAL Phoenix DATE OF BURIAL OR REMOVAL Dec 15 1918

UNDERTAKER W.P. Dent ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1918
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 9 1914 to Dec 14 1918; that I last saw her alive on Dec 13 1918, and that death occurred on the date stated above at 6 PM. The DISEASE or INJURY causing Death was as follows: Pneumonia

(Duration) _____ yrs _____ mos _____ days
Was disease contracted in Arizona? Yes, where? _____

CONTRIBUTORY Influenza
(Duration) _____ yrs _____ mos _____ days
(Signed) John W. Selt
Dec 14 1918 (Address) Glendale

*In death 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 12-23 1918 Accanlan

Filed _____
John W. Selt
Local Registrar
County Registrar

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.