1839

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. 372
County Registered No. 758
Local Registrar's No.

PLACE OF DEATH
County Santa Cruz
District
Town
Or City Nogales

No. 213 West St. St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME James Renshaw

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
Color or Race: White Indian ~~Black~~ Chinese Mexican
~~SINGLE~~ ~~MARRIED~~ Married ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: May (Month) 10th (Day) 1837 (Year)

AGE: 22 yrs. mos. 24 days. If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Ohio - Baltimore, Md.

PARENTS
NAME OF FATHER: ~~Unknown~~ James Renshaw
BIRTHPLACE OF FATHER (State or Country): "
MAIDEN NAME OF MOTHER: Anita ~~Hurst~~ H. Rogers
BIRTHPLACE OF MOTHER (State or Country): New York

The Above Is True to the Best of My Knowledge
(Informant) H.R. Renshaw
(Address) City

PLACE OF BURIAL OR ~~REMOVAL~~: Masonic Cemetery
DATE OF BURIAL OR REMOVAL: June 5th 1919
UNDERTAKER: Geo B. Marsh, Inc.
ADDRESS: Nogales

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 4th (Day) 1919 (Year)

I hereby certify, that I attended deceased from May 22nd 1919 to June 4th 1919; that I last saw him alive on June 4th 1919, and that death occurred on the date stated above at 9 a.M. The DISEASE or INJURY causing Death was as follows:

Diarrhea - Supervening on advanced age
(Duration) yrs. mos. 14 days

Was disease contracted in Arizona? Yes
If not, where?

CONTRIBUTORY
(Duration) yrs. mos. days

(Signed) Adolphus H. Moore M.D.
June 4 1919 (Address) Nogales

In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death 2 yrs. mos. ds. In Arizona 15 yrs. mos. ds.
Former or Usual Residence Denver, Colo.

Filed July 5 1919 [signature] Local Registrar

Filed 7/8 1919 W. F. Chenoweth County Registrar