

7855

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	<i>Apache</i>	BUREAU OF VITAL STATISTICS	
District	<i>Leagar</i>	State Index No. _____	
Town	<i>Leagar</i>	County Registered No. _____	
Or City	<i>Leagar</i>	Local Registrar's No. <i>4</i>	
ORIGINAL CERTIFICATE OF DEATH			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
No. _____ St. _____			
FULL NAME <i>Emma Isabelle Rencher</i>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <i>F.</i>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <i>September 11th 1920</i> (Month) (Day) (Year)
DATE OF BIRTH <i>Aug 6th 1870</i> (Month) (Day) (Year)		I hereby certify, that I attended deceased from _____ 191____ to <i>Sept 11, 1920</i> ; that I last saw her alive <i>Sept 11, 1920</i> and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <i>Chronic</i> <i>Apoplexy</i> <i>Nephritis</i>	
AGE <i>50</i> yrs. <i>1</i> mos. <i>5</i> days hrs., or _____ min. If less than 1 day _____		(Duration) <i>3</i> yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <i>Housewife</i> (b) General nature of industry, business, or establishment in which employed or (employer) _____		Was disease contracted in Arizona? <i>Yes</i> If not, where? _____	
BIRTHPLACE (State or country) <i>Graes Valley, Utah</i>		CONTRIBUTORY <i>Cerebral Hemorrhage</i> (Duration) _____ yrs. _____ mos. _____ days	
NAME OF FATHER <i>Unystad Rencher</i>		Signed) <i>E. J. Udall</i> <i>Sept 12 1920</i> (Address) <i>Springville</i>	
BIRTHPLACE OF FATHER (State or Country) <i>Alabama Georgia</i>		In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
MAIDEN NAME OF MOTHER <i>Elizabeth J. Philpott</i>		LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER (State or Country) <i>South Carolina</i>		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
The Above Is True to the Best of My Knowledge (Informant) _____ (Address) _____		Former or Usual Residence _____ Filed <i>Oct-1 1920</i> <i>E. J. Udall</i> Local Registrar	
PLACE OF BURIAL OR REMOVAL <i>Leagar</i>	DATE OF BURIAL OR REMOVAL <i>Sept 18 1920</i>	Filed <i>Nov 10 1920</i> <i>J. J. Bouldin</i> County Registrar	
UNDERTAKER <i>[Signature]</i>	ADDRESS _____		