

631

Female

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise
District Douglas
Town or city Douglas

BUREAU OF VITAL STATISTICS

State Index . . . No. 36
County Registrar's . No. 92
Local Registrar's . No. _____

ORIGINAL CERTIFICATE OF DEATH

No. 1008-44 st St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Jennie Allen

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED widowed
(Write the word)

16. DATE OF DEATH (month, day, and year) 2-10-1925

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of B. J. Allen

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1925 to Feb 10 1925
that I last saw h. live on Feb 10 1925
and that death occurred, on the date stated above, at 11:30 a.m.
The CAUSE OF DEATH* was as follows:

6. DATE OF BIRTH (month, day and year)
7. AGE Years Months Days IF LESS than 1 day hrs. or min.
67 4 _____ _____ _____

Influenza + Bronch
Pneumonia
(duration) yrs. mos. ds. 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (secondary) _____ (duration) yrs. mos. ds. _____
18. Where was disease contracted if not at place of death? _____
Did an operation precede death? no date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
Signed [Signature] M. D. Feb 12 1925 (Address)

9. BIRTHPLACE (city or town) (State or Country) Texas

19. PLACE OF BURIAL, CREMATION OR REMOVAL Douglas DATE OF BURIAL 2/12/25
20. UNDERTAKER Porter + Ames ADDRESS Douglas

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (city or town) (State or country) Texas

12. MAIDEN NAME OF MOTHER Kainer

13. BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14. Informant Walter A. Allen (Address) 938-2001 st

15. Filed 2-17 1925 [Signature] Local Registrar.

Filed 3-9 1925 [Signature] County Registrar.

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.