

832

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa
District _____
Town or City Chandler

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - - - No. 308
County Registrar's - - No. _____
Local Registrar's - - - No. 14

2. FULL NAME Betty Louise Tenney
(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED. single
(Write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Aug 17 - 1923

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
2 6 9

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

9. BIRTHPLACE (city or town) Chandler
(State or country) Arizona

10. NAME OF FATHER Anthony J Tenney

11. BIRTHPLACE OF FATHER Safford Arizona
(State or country)

12. MAIDEN NAME OF MOTHER Violet Hensaker

13. BIRTHPLACE OF MOTHER Chandler
(State or country) Arizona

14. Informant Anthony J Tenney
(Address) Chandler Arizona

15. Filed 3-3, 19 26 Joe. M. Merson
Local Registrar.
Filed _____, 19 _____
V. S. No. 1 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2-26 1926

17. I HEREBY CERTIFY, That I attended deceased from 2-15-26
19. to 2-26-26, 19____
that I last saw her alive on 2-26-26, 19____

and that death occurred, on the date stated above, at 12 noon
The CAUSE OF DEATH* was as follows:

Broncho pneumonia
double lobe
(duration) yrs. mos. 15 ds.

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 clinical
(Signed) J. J. Duda, M. D.
2/26/26 1926 (Address) Chandler Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Ariz DATE OF BURIAL 2-27 1926

20. UNDERTAKER W R Burton & Sons ADDRESS Mesa

MAKING KEPT RECORDS IN ARIZONA. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain, simple language so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PARENTS