1024

N. B.—WRITE PLAINLY, WITH ... IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated ... 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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5

Registered No. 20

1. PLACE OF DEATH

County Apache State Arizona

District or Township 20 miles south of or Village ... or

City Eagar No. ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Peter Preston Rencher

(a) Residence. No. Eagar Ariz. 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 26 yrs. 1 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Single

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

6. DATE OF BIRTH (month, day and year) Oct 14th 1897

7. AGE Years 28 Months 10 Days 0 IF LESS than 1 day ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockman

(b) General nature of industry, business or establishment in which employed (or employer) Riding range,

(c) Name of employer Northern Ariz. Land Co.

9. BIRTHPLACE (city or town) Blanco, Texas (State or country)

PARENTS

10. NAME OF FATHER Peter Preston Rencher

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

12. MAIDEN NAME OF MOTHER Betha Stubbs

13. BIRTHPLACE OF MOTHER Wharton Co. (city or town) Texas (State or country)

14. Informant Betha Rencher

(Address) Eagar Arizona

15. Filed Aug 15, 1926 H. A. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 14 1926

17. I HEREBY CERTIFY, That I ~~attended~~ examined deceased from Aug 15th 1926 to ..., 19...,

that I last saw ... alive on ..., 19...,

and that death occurred, on the date stated above, at 12 15 p.m.

The CAUSE OF DEATH* was as follows:

Struck by lightning on head, accidental,

Instantaneous (duration) ... yrs. ... mos. ... 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? None

(Signed) H. A. Nichols, M.D. Co. Supt. P. Health

19 (Address) Springerville, Arizona,

* 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 Eagar Ariz

DATE OF BURIAL Aug 16th 1926

20. UNDERTAKER Friends

ADDRESS