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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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 2430

1. PLACE OF DEATH

County Navajo State ARIZONA Registered No.

Township or Village Pinetop or

City Pinetop No. St., Ward

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

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Penrod Norton How long in State when death occurred? 50 yrs. mos. ds.

(a) Residence: No. St., Ward

(Usual place of abode) (If not resident give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (month, day, and year)

7. AGE 79 Years Months 7 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (state or country) Provo Utah

FATHER

13. NAME William T. Penrod

14. BIRTHPLACE (city or town) (State or country) Not Known Illinois, Monroe

MOTHER

15. MAIDEN NAME Polly Ann Young

16. BIRTHPLACE (city or town) (State or country) Not Known Tenn. Memphis

17. INFORMANT (Address) Mrs. J. R. Penrod

18. BURIAL, CREMATION, OR REMOVAL

Place Pinetop Date Feb. 13 1935

19. UNDERTAKER (Address) None

20. Filed May 7, 1935 Loretta E. Hansen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to Feb. 13, 1935

I last saw her alive on Feb. 13, 1935; death is said to have occurred on the date stated above, at 4, 20 p.m.

The principal cause of death and related causes of importance were as follows:

Heart failure due to old age

Date of Onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mrs. J. R. Penrod

(Address) Pinetop Ariz

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information