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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 67 L

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 80

TOWNSHIP _____ OR VILLAGE _____ OR
CITY Globe NO. Gila General Hospital ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. 1 MOS. 7 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Lozem Rupert Penrod HOW LONG IN STATE WHEN DEATH OCCURRED? Life MOS. _____ DS. _____

(A) RESIDENCE: NO. Pine Top Arizona ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Nellie Penrod WIFE (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-23-1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN	DATE OF ONSET
	<u>38</u>	<u>6</u>	<u>20</u>	1 DAY, _____ HRS. OR _____ MIN.	

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. Barbar

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Pine Top (STATE OR COUNTY) Arizona

MOTHER FATHER

13. NAME David I. Penrod

14. BIRTHPLACE (CITY OR TOWN) Utah (STATE OR COUNTY) _____

15. MAIDEN NAME Cynthia Smith

16. BIRTHPLACE (CITY OR TOWN) Utah (STATE OR COUNTY) _____

17. INFORMANT Mrs. Nellie Penrod (ADDRESS) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL Removal to PLACE Pine Top Ariz. DATE 10/15/35 19. _____

19. EMBALMER (LICENSE NO. 181-A) SIGNATURE [Signature] FUNERAL DIRECTOR (LICENSE NO. 10-A) SIGNATURE [Signature] ADDRESS Globe Arizona

20. FILED Oct. 14 1935 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept 9, 1935 TO Oct 13, 1935

I LAST SAW HIM ALIVE ON Oct 13, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12:30 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Nephritis - Uremic Coma

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Marked Anemia

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? W

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? NO

IF SO, SPECIFY _____ (SIGNED) R. D. [Signature] M. D. (ADDRESS) Globe Ariz