344

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 in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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. [illegible]

1. PLACE OF DEATH

County Navajo State Arizona Registered No.

Township or Village Pine Top or

City 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 50 yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME May Penrod Smith How long in state when death occurred 39 yrs. 3 mos. ds.

(a) Residence: No. St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (month, day, and year) Oct. 11th 1876

7. AGE: Years 62 Months 9 Days 9 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.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wellsburg, Utah (state or country) Wasatch Co. Utah.

FATHER

13. NAME William L. Penrod

14. BIRTHPLACE (city or town) Unknown (State or country) Southern Illinois

MOTHER

15. MAIDEN NAME Polly A. Young

16. BIRTHPLACE (city or town) Unknown (State or country) Iowa

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pine Top, Arizona Date June 21, 1938

19. UNDERTAKER (Address)

20. Filed Sept. 29, 1938 Lottie E. Hanson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15th, 1938, to June 20, 1938

I last saw h. alive on June 20, 1938, death is said to have occurred on the date stated above, at 4 A. m.

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

Pneumonia Lobar
Left lung.

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) J. W. Rogers, M. D.

(Address)

5M 2-8-33 MS-47971

Back of Certificate to be used for any additional Information