2254

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 18
Registrar's No. 1944 (K)

1. Place of Death: (a) County Apache (b) City or Town McNary (If outside city limits also write RURAL) (c) Location McNary Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 hrs. McNary Hosp Community 2 hrs (Specify whether years, months or days); in Arizona 58 yrs

2. Usual Residence of Deceased: (a) State ~~Pinetop~~ Arizona (b) County Navajo; (c) City or Town Pinetop (If outside city limits also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (yes or No) If Yes, which country
3. (a) FULL NAME Mary Catherine Penrod (b) If Veteran name war No. (c) Social Security No. No

4. Sex Female | 5. Color or Race White | 6. (a) Single, married, widowed or divorced Widow ~~Married~~
6. (b) Name of husband or wife Albert Penrod | 6. (c) Age of husband or wife, if alive Dead yrs.
7. Birthdate of deceased Sept 11, 1870 (Month) (Day) (Year)
8. AGE: Years 73 | Months 9 | Days 21 | If less than one day hrs. min.
9. Birthplace South Jordon, Utah (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father: 12. Name Alma Beckstead
13. Birthplace West Jordan (City, town or county) Utah (State or Country)
Mother: 14. Maiden Name Sabine Harrison
15. Birthplace Sonora (City, town or county) Californa (State or Country)
16. (a) Informant's own signature Charles Penrod
(b) Address Pinetop-Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinetop (c) Date 3-23- 19 44
18. (a) Embalmer's Signature None Peter Penrod
(b) Funeral Director
(c) Address
19. (a) 3-21-44 (Date received local Registrar)
(b) Roy P. Clark (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-20, 19 44;
TIME (Hour and minute) 4:30 P M.
21. I hereby certify that I attended the deceased from 3-15-44, 19 to 3-20, 19 44;
that I last saw her alive on 3-20, 19 44;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral thrombosis
Due to Cerebral Arteriosclerosis
Due to Pernicious Anemia
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION: 6 hr; yrs; yrs

PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Arnold H. Dysterheft MD M. D.
Address McNary Date signed 3-21-44

20M 100% Rag 8-42 B. Co.

County File No. Date Received