

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. **6211**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **86.**

BIRTH NO.

DEATH - DENCE	1. PLACE OF DEATH A. COUNTY <b>Gila</b>			2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR RURAL) OR TOWN <b>Globe</b>			C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>33yrs</b>   <b>33yrs</b>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>541 South East Street</b>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>541 South East Street</b>		

1 X AL 192 4 X51 80X E 0 0 8)	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Luther</b> B. (MIDDLE) ----- C. (LAST) <b>Jennings</b>			4. SEX <b>male</b>	5. COLOR OR RACE <b>white</b>	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR <b>Nov 3 1859</b>		8. AGE YEARS MONTHS DAYS <b>92 0 6</b>	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>cattle-rancher-ret.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>NO ****</b>		13. SOCIAL SECURITY NO. <b>none</b>	
	9B. KIND OF BUSINESS OR INDUSTRY <b>cattle-rancher</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas, Georgia U.S. a.</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S. a.</b>	
14A. FATHER'S NAME <b>Richard Jennings</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>MISSOURI</b>		15A. MOTHER'S MAIDEN NAME <b>Mary e. (unknown) JENNINGS</b>		
15B. BIRTHPLACE (STATE OR COUNTRY) <b>MISSOURI</b>		16. INFORMANT'S SIGNATURE <b>Jack Jennings son</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>November 9, 1951 at 10:45 p.m.</b>	

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>Influenza</b>			<b>12 days</b>
		DUE TO (c) <b>Arteriosclerotic heart disease</b>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)		
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **October 3, 1951** TO **Nov. 9, 1951** THAT I LAST SAW THE DECEASED ALIVE ON **Nov. 9, 1951** AND THAT DEATH OCCURRED **10:45 p.m.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <b>William Elshoff MD</b>	23B. ADDRESS <b>Box 10 Globe Arizona</b>	23C. DATE SIGNED <b>Nov. 10 1951</b>
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24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	24B. DATE <b>Nov. 13, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Globe Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Globe, Arizona.</b>
25A. DATE REC'D BY LOCAL REG. <b>11-12-51</b>	25B. REGISTRAR'S SIGNATURE <b>Jane Wavelle</b>	26. FUNERAL DIRECTOR'S SIGNATURE <b>Jane Wavelle</b>	27. EMPLOYER'S SIGNATURE <b>Jane Wavelle</b>
		ADDRESS <b>Globe, Arizona</b> CERT. NO. <b># 527</b>	