

340

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Mohave State ARIZONA
City or Town Cedar Valley

2. Full Name

ANDREAS MADRAS

Address _____

Personal and Statistical Particulars

Sex <u>M</u>	Color	Single, Married, Wid- owed or Divorced
Age <u>55 years</u>		
Birthplace _____		
Burial, Cremation or Removal:		
Place _____		
Undertaker _____		

Medical Certificate

Date of Death Jan 15, 1990

Cause Pneumonia

Duration _____

Doctor or Attendant

Filed _____

Registrar