

588

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Yavapai State ARIZONA
City or Town Walnut Grove

2. Full Name

JACKSON
Address _____

Personal and Statistical Particulars

Sex F	Color	Single, Married, Wid- owed or Divorced Infant
Age _____		
Birthplace _____		
Burial, Cremation or Removal: Place _____		
Undertaker _____		

Medical Certificate

Date of Death July 20, 1896
Cause _____
Duration _____
T. B. Davis
Doctor or Attendant
Filed 1-2-97
W. Johnson
Recorder Registrar