

1411

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Mohave State ARIZONA  
City or Town Crozier

2. Full Name

SAMUEL CROZIER  
Address \_\_\_\_\_

Personal and Statistical Particulars

Sex M	Color	Single, Married, Wid- owed or Divorced Married
Age <u>60</u>		
Birthplace <u>Ohio</u>		
Burial, Cremation or Removal: Place _____		
Undertaker _____		

Medical Certificate

Date of Death Dec. 12, 1901  
Cause Pneumonia

Duration \_\_\_\_\_

Doctor or Attendant \_\_\_\_\_

Filed \_\_\_\_\_

\_\_\_\_\_  
Registrar