

1426

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Mohave State ARIZONA

City or Town Kingman

2. Full Name

BAYARD T. BROWNELL

Address _____

Personal and Statistical Particulars

Sex M	Color	Single, Married, Wid- owed or Divorced
Age <u>53 Yrs</u>		
Birthplace <u>United States</u>		
Burial, Cremation or Removal:		
Place _____		
Undertaker _____		

Medical Certificate

Date of Death May 1, 1902

Cause Carbolic Acid

Suicide

Duration _____

Doctor or Attendant

Filed _____

Registrar