

1539

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Mohave State ARIZONA
City or Town Goldroad

2. Full Name

JOSEPH JEREZ
Address _____

Personal and Statistical Particulars

Sex M	Color Mex.	Single, Married, Wid- owed or Divorced Widower
Age <u>70 years</u>		
Birthplace <u>Mexico</u>		
Burial, Cremation or Removal:		
Place _____		
Undertaker _____		

Medical Certificate

Date Death Aug. 10, 1906
Cause Suicide

Duration _____

Doctor or Attendant _____
Filed _____

Registrar