

1556

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Mohave State ARIZONA
City or Town Kingman

2. Full Name

MARIA J. KIRKPATRICK
Address _____

Personal and Statistical Particulars

Sex F	Color White	Single, Married, Wid- owed or Divorced Married
Age <u>62</u> years		
Birthplace <u>Indiana</u>		
Burial, Cremation or Removal: Place _____		
Undertaker _____		

Medical Certificate

Date of Death Dec. 5, 1906
Cause Carcinoma
Duration _____
Doctor or Attendant _____
Filed _____
Registrar _____