85

C-2-2

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Maricopa State ARIZONA

City or Town Phoenix

2. Full Name

H. A. WILSON

Address Adams St & 14th Ave

Personal and Statistical Particulars

Sex	Color	Single, Married, Widowed or Divorced
M	White	M

Age 61

Birthplace -

Burial, Cremation or Removal:

Place City Cem.

Undertaker Smith & Co.

Medical Certificate

Date of Death June 20, 1893

Cause Dropsy

Duration 3 years

J.M. Evans
Doctor or Attendant

Filed

Registrar