

STANDARD CERTIFICATE OF DEATH

C-2-12

1. Place of Death

County Maricopa State ARIZONA  
City or Town Phoenix

2. Full Name

MAT MORRELL  
Address \_\_\_\_\_

Personal and Statistical Particulars

Sex M	Color W	Single, Married, Wid- owed or Divorced M
Age <u>71 yrs.</u>		
Birthplace <u>--</u>		
Burial, Cremation or Removal: Place <u>-</u>		
Undertaker <u>R &amp; D</u>		

Medical Certificate

Date of Death Apr. 20, 1895  
Cause LaGrippe  
Duration Few days  
Dr. Dameron  
Doctor or Attendant  
Filed \_\_\_\_\_  
Registrar