

694

STANDARD CERTIFICATE OF DEATH

C-2-20

1. Place of Death

County Maricopa State ARIZONA  
City or Town Phoenix

2. Full Name

HENRY GARFIAS

Address \_\_\_\_\_

Personal and Statistical Particulars

Sex M	Color Mex	Single, Married, Wid- owed or Divorced M
Age <u>*</u>		
Birthplace <u>--</u>		
Burial, Cremation or Removal: Place <u>Loosley Cem.</u>		
Undertaker <u>Randal &amp; Davis</u>		

Medical Certificate

Date of Death May 8, 1896  
Cause Injury

Duration --

Dr. Purman  
Doctor or Attendant

Filed \_\_\_\_\_

\_\_\_\_\_  
Registrar