C-2-62

# STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Maricopa State ARIZONA

City or Town Phoenix

2. Full Name

THOMAS J. WILSON

Address

Personal and Statistical Particulars

| Sex | xxxxxx | Single, Married, Widowed or Divorced |
|---|---|---|
| M | Amer | S |

Age --

Birthplace --

Burial, Cremation or Removal:

Place Looseley Cem.

Undertaker Mohn & Easterling

Medical Certificate

Date of Death Feb.11,1901

Cause Convulsions

Duration --

J.W.Thomas
Doctor or Attendant

Filed

Registrar