

1777

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Yavapai State ARIZONA
City or Town Congress

2. Full Name

Katy Wagner
Address _____

Personal and Statistical Particulars

Sex	Color	Single, Married, Wid- owed or Divorced
Female	Amer	Married
Age <u>44</u>		
Birthplace _____		
Burial, Cremation or Removal:		
Place <u>Dubuque, Ia.</u>		
Undertaker		<u>Maus</u>

Medical Certificate

Date of Death Feb. 21st, 1909
Cause Pulmonary Tuberculosis
Duration _____
T. P. Dailey
Doctor or Attendant
Filed _____
Registrar