2617

AGE should be [illegible]ted EXACTLY. PHYSICIANS sh[illegible]d state CAUSE OF DEATH [illegible]lain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Mohave

District

Town Or City Kingman

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

483 State Index No. 699

County Registered No. 49

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Jos R L Boner

PERSONAL AND STATISTICAL PARTICULARS

SEX M

Color or Race White Indian Black Chinese Mexican

~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~or DIVORCED~~ W

DATE OF BIRTH ..... (Month) 1830 (Day) 191.. (Year)

AGE 82 yrs. — mos. — days | If less than 1 day, ... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed or (employer) .....

BIRTHPLACE (State or country) Miss.

PARENTS

NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A M Cowie

(Address) Kingman

PLACE OF BURIAL OR REMOVAL Kingman

DATE OF BURIAL OR REMOVAL Dec 23 1912

UNDERTAKER Van Marter

ADDRESS Kingman

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 22 (Day) 1912 (Year)

I hereby certify, that I attended deceased from Dec 12 1912 to Dec 22 1912; that I last saw him alive on ..... 191.... and that death occurred on the date stated above at 12 M. The DISEASE or INJURY causing Death was as follows: Bronchitis

W (Duration) ..... yrs. 1 mos. ..... days

Was disease contracted in Arizona? Yes

If not, where? .....

CONTRIBUTORY .....

..... (Duration) ..... yrs. ..... mos. ..... days

(Signed) A M Cowie MD

..... 1912 (Address) Kingman

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed Dec 23 1912 Anson H Smith
Local Registrar

Filed Jan 12 1913 John R Whiteside
County Registrar