

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	Graham	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>171</u>
District	Tucson	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>198</u>
Town or city			Local Registrar's - No. <u>173</u>
2. FULL NAME		(If death occurred in a hospital or institution, give its NAME instead of street number)	
Andrew J. Kosler			
(a) Residence. No.	Tucson	St.	Ward
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		How long in U. S. if of foreign birth?	
yrs 8 mos. ds.		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
2. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
Male	White	Widowed	
5a. If married, widowed, or divorced			
HUSBAND of <u>Eveline Johnson</u>			
(or) WIFE of			
6. DATE OF BIRTH (month, day and year) <u>April 9 - 1898</u>			
7. AGE	Years	Months	Days
44	8	11	
IF LESS than 1 day hrs. or min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Zaffer</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) (State or Country) <u>Italy</u>			
10. NAME OF FATHER <u>John Kosler</u>			
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Poland</u>			
12. MAIDEN NAME OF MOTHER <u>Myra Glavin</u>			
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Poland</u>			
14. Informant (Address) <u>John Kosler</u>			
15. Filed <u>Feb 7 1925</u> <u>Walter W. Schuch</u> Registrar.			
V. S. No. 1 <u>Feb 7 1925</u> <u>Walter W. Schuch</u> County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>1/21 1925</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>1/10 1925</u> to <u>1/21 1925</u> that I last saw <u>him</u> alive on <u>1/20/25</u> and that death occurred, on the date stated above, at <u>12:30 p. m.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>			
(duration) yrs. mos. ds.			
CONTRIBUTORY (secondary) <u>Pneumonia</u> (duration) yrs. mos. ds.			
18. Where was disease contracted if not at place of death? <u>no</u>			
Did an operation precede death? <u>no</u> date of			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>no</u>			
Signed <u>J. M. Schuch</u> M. D. <u>1/22 1925</u> (Address) <u>Tucson</u>			
* State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pring</u>		DATE OF BURIAL <u>1/22 1925</u>	
20. UNDERTAKER		ADDRESS	