Arizona State Board of Health BUREAU OF VITAL STATISTICS Siste File No. ARIZONA Rediscred No. [1] Courty G12a State Courty Hospital St. Ward City G1009 (II death occurred in a booption to relativistion, give its NAME integral register and number) City G1009 (II death occurred in a booption to relativistion, give its NAME integral register and number) City G1009 (II death occurred in a booption to relativistion, give its NAME integral register and number) City G1009 (II death occurred in a booption to relativistion, give its NAME integral register and number) City G1009 (II death occurred in a booption to relativistion, give its NAME integral register in the court of the relativistic of		4 + State Ro	ard of Health	~	38
PLACE OF DEATH State County Cile County	STANDARD CERTIFICATE OF DEATH	Arizona State Do.	STATISTICS	State File No	7
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HOSBATHON (or) WIFE of (or) WIF	It married, widowed, or divorced	1	I lest saw h alive of	ated shove, at 8-30 Pm.	
6. DATE US OF Years Months 27 1 day, hr. 1 day, hr. 27 1 d	HUSBAND of	75 1865	to have occurred on the date at	d related causes of	Date of Onset
7. *AGE Years Notices 1 day, hr. or min. 7. 9 27 or min. 8. Trade, profession, or particular kind over done, as spinner, kiner-retired sawyer, bookkeeper, etc. 9. Interpret 1 day. 9. 1. Total time (years) as were done, as silk mill. Pay Consolidated saw mill, bank, etc. 10. 10. Birthplace (city or town) New York (State or Country) 12. Birthplace (city or town) New York (State or Country) 14. Birthplace (city or town) New York (State or Country) 15. Maiden Name Pigons What test confirmed diagnosis? Was there as sutopay? 16. Birthplace (city or town) New York (State or Country) 17. INFORMANT ITS Cather in Porter Specify whether injury occurred in industry, in home, or in public place Address) 18. Burlal, College No Specify Name of operation Where did injury occurred in industry, in home, or in public place Name of operation Name of operation Where did injury occurred in industry, in home, or in public place Name of operation Where did injury occurred in industry, in home, or in public place Name of operation Name of operation Where did injury occurred in industry, in home, or in public place Name of operation Name of operation Where did injury occurred in industry, in home, or in public place Name of operation Name of operation Where did injury occurred in industry, in home, or in public place Name of operation Name of operation Name of operation When test confirmed diagnosis? Was discase or name of the support Name of operation When test confirmed diagnosis? Was there as autopay? Name of operation When test confirmed diagnosis? Was there as autopay? Name of operation Name of operation When test confirmed diagnosis? Was there as autopay? Name of operation Name of op	6 DATE OF BIRTH (month, day, and)	rear) Jan U LESS than			
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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. PHYSIcian of information should be carefully supplied. AGE should be properly classified. CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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