of Po	STANDARD CERTIFICATE OF DEATH Arizona State	Board of Health 96
n re re	1. PLACE OF DEATH E ON R AFIZONA STATE BUREAU OF	VITAL STATISTICS State File No
RD. Every item of PHYSICIANS should Exact statement of rizons.	County Cila St	tateARIZONARegistered No
NS NS	Township	
Every ICIAN t state	City San Carles (If death occurred in a hospital or	
E SICE	(If death occurred in a hospital or	institution, give its NAME instead of street and number)
, D. E Exact Exact	Length of residence in city or town where death occurredyrs	de. do. How long in U. S. if of foreign births
RECORD. A. PH. ified. E.		
	(a) Residence: Bylas, Arizona (Usual place of abode)	(If non-resident give city or town and state)
ANENT RECEXACTLY. FLY classified. Carlos	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT CT	(I 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WID-	21. DATE OF DEATH (month, day, and year) 7-28-44 , 1944
NNE EXA	Male Apache 4/4 OWED, or DIVORCED, (Write the word)Single	22. I HEREBY CERTIFY, That I attended deceased from
~ 0	En If married widowed or divorced	6_11_44 , 19 , to 7_28_44 , 144
ING PERMANENT stated EXACT properly class San Carlos	HUSBAND of (or) WIFE of	I last saw h im alive on 7-28 , 19 44; death is
PE PE	6. DATE OF BIRTH (month, day, and year) 6_11_44	said to have occurred on the date stated above, a6;25Am. Il
Ž d o Å .	7. AGE Years Months Days If LESS than	The principal cause of death and related causes of
. 02 W	1 day,hrs.	Importance were as follows: Septicemia Date of Onset Invesk
FOR IS IS Could it mait many	A. I D. IFEGE Diviession, of personal	
15 FS 11	A 4 i kind of work done, as spinner,	STREPTOCORCHS INFECTION INK.
RVED C—TE GE sl that	9. Industry or business in which work was done, as silk mill,	Boils HEAD FACE & BOALS
RESERVED INK—TI AGE 8 8, 80 that	sawyer, bookkeeper, etc	
	this occupation (month and spent in this occupation	Other contributory causes of importance:
MARGIN F UNFADING illy supplied.	12 RIRTHPLACE (city or town) Bylas Arizona	
	(State or Country)	
- TE 23 %	14. NAME Amos Moses 14. BIRTHPLACE (city or town) Bylas, Arizona (State or Country)	
UNE UNE Illy pla	14. BIRTHPLACE (city or town) Bylas, Arizona	Name of operation
ITH UN carefully TH in p		What test confirmed diagnosis?
	15. MAIDEN NAME Nable Kozi	lowing:
	15. MAIDEN NAME Poble KOZI 16. BIRTHPLACE (city or town) Bylas, Arizona (State or Country)	Accident, suicide, or homicide? Date of injury, 19
LY, uld is v	Total of South	(Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public
- ラるのでん	17. INFORMANT Amos, floses Bylas, Arizona	place
PLA on 8	18. BURIAL, CRAMATION, OR REMOVAL Burial.	Manner of injury
Figure Fi	Place ByTas, Arizona Date 7-29- 1944	Nature of injury
WRITE PLAID Information shorted CAUSE (OCCUPATION	19. EMBALMER License No. Lione.	24. Was disease or injury in any way related to occupation of de-
WRIT informatter state	T FUNERAL HONE DIRECTOR	censed?
≱	Address None	1 1/1/1
æi	20 Filed 7 20 194: T. X. X.	(Signed) M. D. (Address) San Carlos, Arizona
ź	J Registrar	te to be used for any Additional Information
	10M-5-25-39 A.P. Form \$ 100% Rag Back of Certification	PAC PA AC MEGA TAT BEN'T TENTAL SAME SELECTION SAME SAME SAME SAME SAME SAME SAME SAME