	•
PLACE OF DEATH Ari	zona Territorial Board of Health
County of Julie	BUREAU OF VITAL STATISTICS
, L	ORIGINAL CERTIFICATE OF DEATH 150
District of Oceanies	
Town of Daww	Ter. Index No.
or	County Registered No. 134
City of	·
RESIDENCE, give facts called for	St., Ward.) (If death occurred in a Hos-
under (Special information !!)	pital or Institution, give its NAME instead of street and number.)
FULL NAME Guan Co	esanu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LENGTH OF RESIDENCE	DATE OF DEATH
At Place of Death yrs Four mos.	0ct. 29th 1911 19 (month) (day) (year)
In Arizonayrs88Memos.	I hereby certify, That I attended deceased from
SEX COLOR White Chinese	neeth oat T#
Female OR RACE Black Indian	1717
Mexican	that I last saw her alive on Oct. 29th. 1919
DATE OF BIRTH 28 19//	and that death occurred on the date stated above at M
(month) (day) (year)	The DISEASE or INJURY causing DEATH was as follows;
AGE	Staroshon
years H months days	
SINGLE, MARRIED. WIDOWED, OR DIVORCED	
	Contributing cause(if any)
BIRTHPLACE	
(State or foreign country)	Where contracted asky (engluration y mrs.
OCCUPATION	(Signed) Story My My D
Name of ()	19.11 Address Parks Cons
FATHER WALL (ADA CANTE	SPECIAL INFORMATION only for Hospitals, Institutions,
BIRTHPLACE OF FATHER	Transients, or Recent Residents.
(State or foreign country)	Former or How long at
MAIDEN NAME OF MOTHER	Usual residence
musially Luareles	00/30
BIRTHPLACE OF MOTHER  A  A  A  A  A  A  A  A  A  A  A  A  A	Undertaker Address
(State or foreign county) / // (State or foreign county)	Mudiess
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
Informant) Meller	Filed Of 30 1911 Que Traves
Darder as	Filed Charles 1911. EB Ketcherside

If any item can not be obtained insert the word "unknown," Make every effort possible to secure this informaton Incorrect cerf es will be returned for correction,