

1525

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Mohave State ARIZONA

City or Town Cerbat

2. Full Name

THOS. C. LAKE

Address _____

Personal and Statistical Particulars

Sex	Color	Single, Married, Wid- owed or Divorced
M	White	Single

Age 38 years

Birthplace New York State

Burial, Cremation or Removal:

Place _____

Undertaker _____

Medical Certificate

Date of Death Jan. 16, 1906

Cause Gunshot wound

Duration _____

Doctor or Attendant

Filed _____

Registrar