

0-2-33

STANDARD CERTIFICATE OF DEATH

1. Place of Death

County Maricopa State ARIZONA

City or Town Phoenix

2. Full Name

W.E. PARROTT

Address _____

Personal and Statistical Particulars

Sex	Sex or	Single, Married, Wid- owed or Divorced
<u>M</u>	<u>Amer</u>	<u>S</u>

Age 27 yrs

Birthplace --

Burial, Cremation or Removal:

Place Portland, Ore.

Undertaker W.A. Davis

Medical Certificate

Date of Death Apr. 14, 1898

Cause Pul. Tuberculosis

Duration 3 yrs

Wm. Duffield
Doctor or Attendant

Filed _____

Registrar