

1 PLACE OF DEATH
 COUNTY OF **ESMERALDA**
 TOWN OF **Minloc**
 or
 CITY OF _____

By Moore *W. Staggfield,*
 NEVADA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
DUPLICATE CERTIFICATE OF DEATH

State Index No. _____
 LOCAL REGISTERED NO. **111**

(If death occurred in a hospital or institution, give its NAME (instead of street and number, and its cert. no. 18.)

(No. _____ St. _____ Ward) _____
 Full Name **Andrew Kovacs Jr.**

PERSONAL AND STATISTICAL PARTICULARS

2 SEX **Male**
 4 COLOR OR RACE **White**
 3 Single **Single**
 Married **Never**
 or Divorced
 (Write the word)
 6 DATE OF BIRTH **Sept 19 1905**
 (Month) (Day) (Year)
 7 AGE **36 yrs. 3 mos. 2 da.**
 If LESS than 1 day _____ hrs., or _____ min.

8 OCCUPATION
 (a) Trade, profession or particular kind of work **Miner**
 (b) General nature of industry, business or establishment in which employed (or employer) **Metal Mines**

9 BIRTHPLACE (State or country) **Hungary**

10 NAME OF FATHER **Andrew Kovacs**

11 BIRTHPLACE OF FATHER (State or country) **Hungary**

12 MOTHER'S NAME OF MOTHER **Marcella Szegedi Kovacs**

13 BIRTHPLACE OF MOTHER (State or country) **Hungary**

13a LENGTH OF RESIDENCE
 At place of death _____ years _____ months
 In Nevada **31** years _____ months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Signature) **Mrs. R. C. Atchley**
 (Address) **Los Angeles, Calif.**

15 Filed **Jan. 20, 1942**
 Registrar **John Craig M. D.**
 (Signature) (Title)
 (Address) _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **January 10, 1942**
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, THAT I attended deceased from _____
 that I last saw him _____ alive on _____

and that death occurred on the date stated above at **12:05 A.M.**
 The CAUSE OF DEATH* was as follows:

**Accident
 (Killed in mine)**

(Duration) _____ yrs. _____ mos. _____ da.

Cause of Death (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ da.

(Signed) **Thomas R. P. White**
Jan. 19, 1942 (Address) **Silver Plak, Nev.**

*State the (1) Cause Causing Death, or, is Death from Natural Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Boarded Residents
 Formed at _____ How long at _____
 Usual Residence _____ Place of Death _____
 Where was disease contracted, if not at place of death? _____

19 PLACE OF BURIAL OR REMOVAL **Tonopah, Nev.** DATE OF BURIAL **Jan. 13, 1942**

20 UNDERTAKER **Wm. F. Logan** ADDRESS **Tonopah, Nev.**