N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

| BUREAU OF VITAL STATIS County. | |
|--|--------|
| 1 PLACE OF DEATH County | TICS |
| County Registration District No. Registered No. Township Primary Registration District No. Registered No. St., Or City of (If death occurred in a hospital or institution, give its Name instead of street and nor City of (If anniesidence, No. St., Or City of (If nonresident give city or town and Cusual place of abold) Length of residence in city or town where death occurred (2) yrs. mos. PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 Single, Married, Wildowed or Divorced (write the word) (or) WIFE of (15 DATE OF DEATH (month, day and year) and that death occurred, on the date stated above, at they I last saw he alive on Culf 2 or min. So If married, widowed or divorced (or) WIFE of Months (Day and that death occurred, on the date stated above, at they I last saw he alive on Culf 2 or min. So OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer 9 BIRTHPLACE (city or town hellows hellows (3) Trade, profession, or particular kind of work. (State or country) 10 NAME OF FATHER A AMUL AMUL AMUL Was there an autopsy? | |
| Township Primary Registration District No Registered No. Or Village No. (If death occurred in a hospital or institution, give its Make instead of street and nor City of St., or City of St | |
| or Village | 5 |
| or City of | |
| 2 FULL NAME (a) Residence. No. (State or country) (State or cou | .Ward |
| (a) Residence. No | |
| Length of residence in city or fown where death occurred // yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed or Divorced (write the world) 5a If married, widowed or Divorced (write the world) (or) WIFE of (con) WIFE | |
| PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 Single Married, Widowed or Divorced (write the word) 5a If married, widowed or divorced (ur) WIFE of 6 DATE OF BIRTH (month, day, and yang, by 1 day, hrs. or | |
| 3 SEX 4 COLOR OR RACE or Divorced (carrier the word) 3 If married, widowed or divorced HUSBAND of (carrier the word) or Divorced (carrier the word) 4 DATE OF BIRTH (month, day, and young 18 / 8 30 and that death occurred, on the date stand above, at 8 30 and that death | ds. |
| or Divorced (write the word) 5a If married, widowed or divorced HUSBAND of (or) WIFE of (or) W | |
| 5a If meaning widowed or divorced HUSEN widowed or divorced (or) WIFE of (or) WIFE | 102/ |
| sa If married, widowed or divorced HUSBAND of (or) WIFE of DATE OF BIRTH (month, day and strug 18 8 3 and that death occurred, on the date stated above, at. 8 7 AGE Years Months Days IL LESS than 1 day, hrs. of min. S OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of worli. (b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer ONAME OF FATHER A QUALLET TRANS. S Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopsy? Was there an autopsy? Was there an autopsy? | |
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| 6 DATE OF BIRTH (montly, day, and blag 18/83 and that death occurred, on the date stayed above, at. 82 7 AGE Years Months Days II LESS than 1 day | 19 |
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| 10 NAME OF FATHER & april Eliver Was there an autopsy? | |
| 10 NAME OF FATHER & and Grave Was there an autopsy? | |
| 11 BIRTHPLACE OF FATHER (city of Early Se (Signed) What test confirmed diagnosis? In the second seco | |
| (Signed) / m (Signed) / m (Signed) / m (Address) Pomeroe | ule |
| 12 MAIDEN NAME OF MOTHER Mary WG27, 1924 (Address) Pomeroe | M. D. |
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| 12 DIDTUDE ACE OF MONTHS OF ACT OF THE PROPERTY OF IN deaths from Viginary | AUSES. |
| (State or company) State of company) State of company) State of company) | ENTAL, |
| 14 19 PLACE OF BURIAL, CREMATION, OR DATE OF BU | |
| Informant REMOVAL | • |
| (Address) Med delfart. O. Hele Con Maayfort lug 20 | 190 |
| Sould 2 1021 fred M Sesson MINDERTAKER, License No. 92 FC. ADDERSS | 1 |
| REGISTRAR Le Maine and Miaa | 4/1 |
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Form V. S. No. 11