BUREAU OF VITAL STATISTICS PLACE OF DEATH. CERTIFICATE OF DEATH County Registration District No .. File No Township OF Primary Registration District Registered No Village [If death occurred in a hospital or institu-OF City of .. FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH + COLOR OR BACE 5 SINGLE 16 DATE OF DEATH MARRIED
WIDOWED
OR DIVORCE
(Write the word) (M (Day) (Year) 6 DATE OF BIRTH attended deceased (Month) (Day) 7 AGE If LESS than I day, and that death occurred, on the date stated above, at The CAUSE OF DEATH* was as follows: s OCCUPATION

(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (SECONDARY) 11 BIRTHPLACE CF FATHER PARENTS (Signed) 1917 (Address) WKL (State or country) "State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mzans of Injury; and (2) whether Accidental, Suicidal, or 12 MAIDEN NAM OF MOTHER / HOMICIDAL. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienes, or Recent Residents) 12 BIRTHPLACE OF MOTHER (State or country) In the At place of death.... 1005. E BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE Where was disease contracted, If not at place of death?..... Former or (Informant) usual fesidence (Address) 15 ADA RESS Piled Registrar

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OCCUPATION

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