	FULL NAME	en Mara	Best
PERSONAL AND STATISTICAL PARTICULARS		HOAL PARTICULARS	MEDICAL-CERTIFICATE OF DEATH
Si	white	S SINGLE, MARRIED WIDOWSE, OR DIVORGED (Write the word)	16 DATE OF DEATH  (Month) (Dec)
6 DAT	TE OF BIRTH	ul dee	17 I HEREBY CERTIFY, That I attended d
		onth) (Day) (Feer)	that lest saw in Maraliye on
7 AGI	25 6 -	IF LESS than I day fore	and that death occurred on the date states
1 OCC	CUPATION	. /	at
(a) per	Trade, profession, or Scular kind of work	Ymrenife	Interentaria fun
	inese or establishment in		Junior Charles
	oh employed (or employer)		7.
	THPLACE to or country)	ristle	(Duration)yrsJ.cv:Smos
8.	SO NAME OF O IL O	1	Contributory(Secondary)
	year 7	MINUE	(almost & Bernett
Ē	11 BIRTHPLAGE OF FATHER (State or country)		See 14 105 (Address) Cleato
1	13 MAIDEN NAME		*State the Dispass Causino Death, or, in deaths from Violent C  (1) Means of Injury; and (2) whether Accidental, Suicidal of
2	OF MOTHER	<u>~~~</u>	ILENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE
-0.1	13 BIRTHPLACE OF MOTHER (State or country)	messe-	SIENTS OR RECENT RESIDENTS) At place In the
4 794	E ABOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsm Where was disease contracted,
1.00	Som B	est	If not at place of death?
-		······	nenel residence
(luft	AD.	to Ke	19.PLACE OF BURIAN OR REMOVAL DATE OF BURI