Form V. S. 1-A-50m-11-1-29 COMMONWEALTH	
BUREAU OF VIT	AL STATISTICS
County CERTIFICATI	E OF DEATH
Vot. PotA Lakastan Registration District	No. 1088 Registered No. 134
Inc. Town Registration	District No. 4821
City 8t., Ward)	
(If death occurred in a hospital or institution, give its NAME instead of street and number) 2 FULL NAME	
(a) Residence. No. (If nonresident, give city or town and State)	
Longth of residence in city or town where death occurred 15 yrs. mos.	ds. How long in U, S., if of foreign birth? yrs. mes. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. Single, Married, Widowed	21. DATE OF DEATH (month day and month)
Male Whate or Oliverced (write the word)	22. A HEREBY CERTIFY, That I attended decision from
Sa. If married, widowed, or diverced	11 1935to May 14, 1036
(or) WIFE of Jennes Gohin	I last daw he alive on the date stated shove, at the med
6. DATE OF BIRTH (month, day, and year) LIC-18-1882	The principal cause of death and related causes of importance
7. AGE Years Months Days If LESS than	In order of onset were as follows:
57 4 // 1 dayhre.	enoot (COO)
8. Trade, profession, or particular kind of work done, as spinner, /// sawyer, bookkeeper, etc.	Jellegra fin 1935
s. Trade, protession, or particular kind of work done, as spinner, with the sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as slik mill, eaw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	
	Contributory causes of importance not related to principal cause:
Breed of the	thatanton 1986 3
12. BIRTHPLACE (city or town) (State or country)	Starvation)
13. NAMELOWILL Bolin 14. BIRTHPLACE (city or town) Readed con 16, (State or country)	Name of operation novel Pate of None
4 14. BIRTHPLACE (city or town) Bearingen 14	What test confirmed diagnosise Was there an autopay 12
(State or country)	23. If death was due to external causes (vicience) fill in also the following:
18. MAIDEN NAME alle Grow Vantamins	Accident, suicide, or homicide? Date of injury 19
6 16. BIRTHPLACE (city or town) Paradire (by	Where did injury occur? (Specify city or town, county, and State)
(State or country)	Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT (M. CAUTA AND LANGE LANGE)	none
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Thinks ay Date 5 -5 1836	Nature of injury
19. UNDERTAKER DICKERS	24. Was disease or injury in any way related to occupation of deceased? Will sold specific No.
E III EE AU	(Signed) The Newman 18.2
20. FILED D. Registrar.	(Address) Arakulara H

anould be carefully supplibility. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.