| Vo | E POL SO CATALLET | TE OF DEATH 1100 |
|--------------------|---|--|
| Ind Cit | · · · · · · · · · · · · · · · · · · · | Registered No. [If death e a hospital er give its MAM of street and |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| # SE | 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) |
| → UA | (Month) (Day) 19/2 | If HEREBY CERTIFY, That I attended decease |
| 7 AGI | | that I last saw h |
| (a) pari (b) | CUPATION Trade, profession, or louiar kind of work. General nature of industry ness, or establishment in | The CAUSE OF DEATH* was as follows |
| white 9 BIR | th employed (or employer). THPLACE te or country) | (Duration) yrs. mes. |
| | 10 NAME OF FATHER 12 LANGE | Contributory (Secondary) |
| | In autur | |
| ENTS | 11 SUNTHIPLACE OF FATHER (State or country) Herblewitzery | (Signey) - A- Ofanses |
| PARENTS | 19 MAIDEN NAME OF MOTHER BELL WELLER 19 MAIDEN NAME OF MOTHER BELL WELLER | (Signey) |
| 2 | (State or country) Braker Cleary 19 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Linklesbury Coke | (1b) LENGTH OF RESIDENCE (FOR MOSPITALS, SUICIDAL OF HOSON RECENT RESIDENCE) At place of death yrs |
| 4 14 TH | (State or country) West Recultury 19 MAIDEN NAME OF MODHER 18 BIRTHPLACE OF MOTHER | (IS) LENGTH OF RESIDENCE (FOR HOSPITALS, SUICIDAL OF HOSON RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS of death |
| 4 14 TH | (State or country) 19 MAIDEN NAME OF MODHER 19 BIRTHPLACE OF MOTHER (State or country) E ABOVE 19 TRUE TO THE BEST OF MY KNOWLESSE | (18) LENGTH OF RESIDENCE (FOR MOSPITALS, SUICIDAL OF HOR RECENT RESIDENCE) At place of death yrs mes ds. State yrs mes Where was disease contracted, If not at place of death? |