MARGIE EMERATED FOR BEIDERG

Santo Board of Health BURBAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registered No	Form V. S. 1 50m- 1-07-27 COMMONWEALTH	OF RENTUCKY
CERTIFICATE OF DEATH  Registration District No		
Vot. Pct. Registration District No. Registered No. 3  Inc. Town. 11		
Inc. Town.   Primary Registration District No.   33  City   No.   St.   Ward	CERTIFICATE	
City (No St., Ward. (If nonrelident, give its NAME instead of street and number)  2 FULL NAME (Juna) place of abode)  (a) Residence. No (Usual place of abode)  Length of residences in city of town where death occurred yrs. mos. ds. How long in U.S., If of freeign birth? yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS, MEDICAL CERTIFICATE OF DEATH (No 1907) (Your Yellowed of CWrite the word)  5a It married, wiclowed, or divorced HUSBAND of (Cr) Wife of the word)  6 DATE OF BERTH (LIST Hand) (Juny) (Your House) (Write the word)  7 AGE (Month) (Day) (Yam) (Tyan) (Aboth) (Day) (Yam) (Tyan) (Aboth) (Day) (Yam) (Tyan) (Day) (Yam) (Tyan) (Day) (Yam) (Tyan) (Day) (Yam) (Day) (	Vot. Pct. Registration District	No. 1087 Registered No. 63
Contributory   Cont	Inc. Town Allandra Leady Primary Registration District No. 24 35	
2 FULL NAME  (a) Residence. No  (Basidence No  (Usual place of abode)  Length of raidleanes in city or town where death occurred  (b) Length of raidleanes in city or town where death occurred  (c) Ward.  (If nonresident, give city or town and State)  (If nonresident, give city or town and State)  (d) How long in U. S., If of foreign high?  (if nonrelication, give city or town and State?  (if nonrelication, give city	city(No.	St Mand)
2 FULL NAME  (a) Residence. No.  (busil place of abode)  Length of residence in city or town and State  Length of residence in city or town where death occurred yrs.  PERSONAL AND STATISTICAL PARTICULARS.  Married Widowed or Divorced (Critic the word)  Sa if married, widowed, or divorced (Critic the word)  F DATE OF DEATH  (Month)  (Day)  (Wear)  F OATE OF BIRTH  (Month)  (Day)  (Month)  (Day)  (Wear)  (Month)  (Day)  (Wear)  (Courtibutory  (State or country)  (State or country)  (State or country)  (Address)  (	(If death occurred in a	hospital og institution, give its NAME instead of street and number)
(a) Residence. No.  Length of residence in city or town and State'  Length of residence in city or town and State'  Length of residence in city or town and state'  Length of residence in city or town and state'  Medical Certificate of Death  Service Married, widowed, or divorced Widowed Or Divorced Or Divorced Widowed Widowed Or Divorced Widowed Widowed Or Divorced Widowed Wi	2 FULL NAME Galut W. La	selver
Length of residence in city or town where death occurred yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS.  SEX	(a) Residence. No	St., Ward
PERSONAL AND STATISTICAL PARTICULARS.  3 SEX  4 COLOR OR RACE  5 Single Minited Month		(If nonresident, give city or town and State)
SEX COLOR OR RACE   Single Married Mar		
if married, widowed, or divorced HUSBAND of (or) Wife of (or) Wife of (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  8 OCCUPATION OF DECEASED (a) Tree, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)  9 RIRTHPLACE (city or town)  10 NAME OF FATHER (city or town)  11 INTRIPLACE (city or town)  12 MAIDEN NAME OF FATHER (city or town)  13 INTRIPLACE (city or town)  14 (Informant) (State or country)  15 INTRIPLACE (city or town)  16 (State or country)  17 INTRIPLACE (city or town)  18 WHERE WAS DISEASE CONTRACTED  19 INTRIPLACE (city or town)  10 NAME OF FATHER (city or town)  11 INTRIPLACE (city or town)  12 MAIDEN NAME OF (State or country)  13 INTRIPLACE (city or town)  14 (Informant) (Address) (Address)  15 INTRIPLACE (city or town)  16 (State or country)  17 INTRIPLACE (city or town)  18 WHERE WAS DISEASE CONTRACTED  19 INTRIPLACE (city or town)  10 NAME OF FATHER (city or town)  11 INTRIPLACE (city or town)  12 MAIDEN NAME OF (State or country)  13 INTRIPLACE (city or town)  14 (Informant) (Address) (Address)  15 INTRIPLACE (city or town)  16 (State or country)  17 INTRIPLACE (city or town)  18 WHERE WAS DISEASE CONTRACTED  19 INTRIPLACE (city or town)  10 NAME OF FATHER (city or town)  11 INTRIPLACE (city or town)  12 MAIDEN NAME OF (City or town)  13 INTRIPLACE (city or town)  14 (Informant) (Address) (Address)  15 INTRIPLACE (city or town)  16 (State or country)  17 INTRIPLACE (city or town)  18 WHERE WAS DISEASE CONTRACTED  19 INTRIPLACE (city or town)  10 INTRIPLACE (city or town)  11 INTRIPLACE (city or town)  12 MAIDEN NAME OF FATHER (city or town)  13 INTRIPLACE (city or town)  14 (Informant) (Address) (Address)  15 INTRIPLACE (city or town)  16 (State or country)  17 INTRIPLACE (CITY OR TOWN)  18 WHERE WAS DISEASE CONTRACTED  19 INTRIPLACE (CITY OR TOWN)  19 INTRIPLACE (CITY OR TOWN)  10 INTRIPLACE (CITY OR TOWN)  11 INTRIPLACE (CITY OR TOWN)  12 MAIDEN NAME OF FATHER (CITY OR TOWN)  13 INTRIPLACE (CITY OR TOWN)  14 (I		MEDICAL CERTIFICATE OF DEATH
Sa if married, widowed, or divorced HUSBAND of (or) Wife of (or) Wife of (DATE OF BIRTH (Month) (Day) (Year) (Month) (Day) (Month) (Day) (Year) (Month) (Day) (Month) (Mon	COLOR OR RACE Married Marvul	
HUSBAND of (or) WIFE of 6 DATE OF BIRTH  (Month)  (Day)  (Year)  7 AGE  IF LESS than day hrs. OF CAUPATION OF DECEASED (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)  9 RIRTHPLACE (city or town)  10 NAME OF FATHER (city or town)  11 BIRTHPLACE (city or town)  12 MAIDEN NAME OF FATHER (city or town)  13 BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  What test confirmed diagnosis?  (Address)  (ADDRESS AND	(Write the word)	17   HERERY CERTIES That I offended to
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(Signed)  IS BIRTHPLACE OF MOTHER (city or town)  (State or country)  (State or country)  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (State or country)  PState the Disease Causing Death, or, in deaths from Viorent Causes, state (i) Means and nature of Injury; and (2) whethe Accidenta, Suicidal or Homicidal. (See reverse side for additional space.)  (Address)  (Address)  (Address)  PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR DATE OF	II BIRTHPLACE	,
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(Signed)  IS BIRTHPLACE OF MOTHER (city or town)  (State or country)  (State or country)  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (State or country)  PState the Disease Causing Death, or, in deaths from Viorent Causes, state (i) Means and nature of Injury; and (2) whethe Accidenta, Suicidal or Homicidal. (See reverse side for additional space.)  (Address)  (Address)  (Address)  PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR DATE OF	12 MATDEN NAME	What test confirmed diagnosis?
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OF MOTHER (city or town)  (State or country)  (Informant)  (Address)  (Addres	18 BIRTHPLACE	The De
(Informant) Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal, (See reverse side for additional space.)  [Address] January Flace of Burial or Removal Date of Burial  [Bled //-/ 1977- A. Baulfard 20 UNDERTAFER ADDRESS 1997-1997-1997-1997-1997-1997-1997-1997	OF MOTHER (city or town)	1, 19.2 (Address)
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