Form V. S. 1-A	COMMONWEALTH O		State File No. 36 W
DEPARTMENT OF COMMERCE Bureau of the Census	BUREAU OF VITAL	STATISTICS	
Registration D	1085	nary Registration District No. 24	. <u>17</u>
1. PLACE OF BEATH: (a) County Milliant	ling 2.	USUAL RESIDENCE OF DECEASED	(16) County Muhlenker
(b) City or town (If outside city or tow	n limits, white RURAL)	City or town	city or Jown Ilmits, write RURAL)
(c) Name of hospital or institution:) Street No.	1209 ALLA If rural care precinct)
(If not in hospital or institution write stre (d) Length of stay: In hospital or community) If foreign born, how long in U.	5. A.?
3(a) FULL NAME J. G.	iddleton		
3(b) If veteran,	3(c) Social Security	DATE OF DEATH	ERTIFICATION 39
		. I hereby certify that I attended the	
5(b) Name of husband or wife Melice	ria Slaughte	19	
5(c) Age of husband or wife it alive	14/8333 1	ated above at a death	M. DURATION
B. AGE: Wars Months Days	if less than one day	nmediate gase of death	
06. P 4 2/1-	hrmin.	ue to	
9. Birthplace 10. Usual occupation True	-	Selesases	91
II. Industry or Justiness		other conditions	vithin 3 months of death)
# (12. Naprodujant	Willeton	Aaior findings:	
H (13. Birthplace	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	Of operations	
₩ (14. Maiden name Cluini		Of autopsy	
S (15. Birthplace	71-1000	2. If death was due to external caus	es fill in the following:
16(a) Informant's own signatus		 if death was due to external cause Accident, suicide, or homicide 	
(b) Address Commovat		b) Date of occurrence	about home, on farm, in industrial place
Piace Piace	Date 13.7	in public place?	pecify type of place)

23. Signature

that I last saw him alive on that death occurred on the date DURATION months of death) n the following: