2 FULL		Ragiandfin	1/23
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CENTIFICATE OF DEATH	
Jenela Whi	or Divorced	Les Ly (Month)	(Day)
DATE OF BIETH	(Write the word)	17 I HERENY CERTIFY, That	
June	(Month) (Day) (19	5 from	of Sept
7.404	of LEGS the	that I last saw h. L. Alive on	ted above at
FORTHPARON	mos	The CAUSE OF DEATH+ was as follow	10:7/1
(a) Trade, profession or particular kind of work	house wife	sucong	
(b) General nature of Induction business or establishment	tery,		***************************************
which employed (or employed (or employed (or employed (or employed (distance)))	-0 C A	Contributoryyra	.6 mos
MANE OF O	ther co.	(Secondary)	√mos
PATRIE	nes & Sorrell	le (Bignod) Dr J Ee of	gly
OF PATHEN (State or country)	Undo marina	**State the Disease Causing Death, or,	in deaths from
12 MAIDEN NAME OF MUTHER SA		*State the Disease Causing Death, or, Causes state (1) Means of Injury; and (Suicidal or Homicidal.	`#.
IN BIRTHPLACE	ancy & sorrell	stents or Recent Residents)	als, Institution
	undlawn	at place in the of deathyrsmosds. State.	yramo
(Informant) E.U.L.L	THE BEST OF MY KNOWLES	if not at place of death?	120000000000000000000000000000000000000
A SECURE OF THE	1 as 1	Former or usual residence	