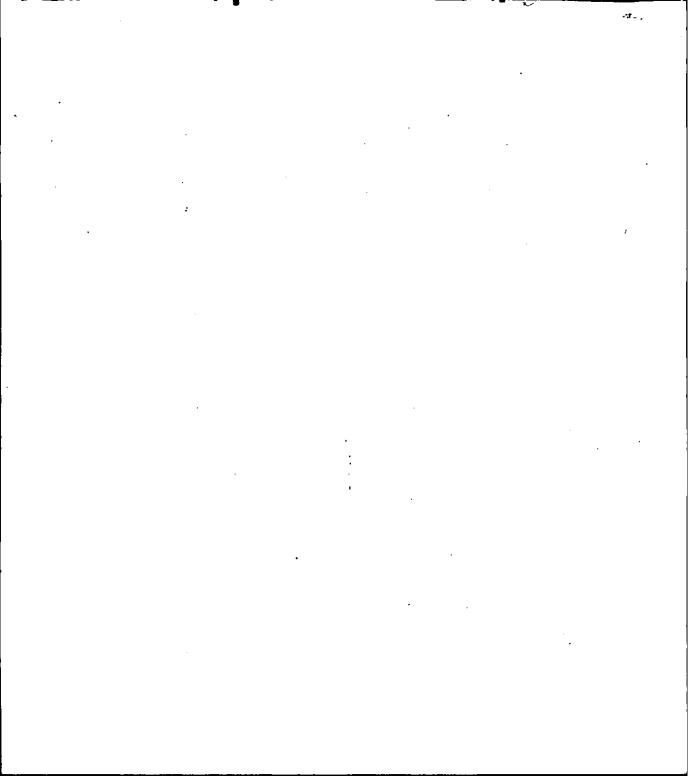
اکرید ی	OCT 28 1930	BUREAU OF V	BOARD OF HEALTH ITAL STATISTICS ITE OF DEATH	Do not use this space.		
S should state ory importan	1. PLACE OF DEATH  County Arrollton	Registration Distric	<b>a</b> a 1	29347  File No		
PHYSICIAN PATION 18 V	2. FULL NAME LILL M J J J J J J J J J J J J J J J J J J					
	PERSONAL AND STATISTICA	L PARTICULARS	2- MEDICAL CERTIFICATE OF DEATH			
e stated EXACTLY. PHYSICIANS should state it statement of OCCUPATION is very important.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF The state of the s		16. DATE OF DEATH (MONTH, DAY AND YEAR)  17.  1 HEREBY CERTIFY, That I attended deceased from 19.30 that I lad saw h. M.: alive on 19.30 to 19.30 that I lad saw h. M.: alive on 19.30 to 19.30 and that death occurred, on the date stated above, at m.  THE CAUSE OF DEATH* WAS AS FOLLOWS:  (duration) yrs. mos 2/ds.  CONTRIBUTORY (SECONDARY)  (duration) yrs. mos 2/ds.  CONTRIBUTORY (SECONDARY)  (duration) yrs. mos 2/ds.  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH  DID AN OPERATION PRECEDE DEATH?  DID AN OPERATION PRECEDE DEATH?  WAS THERE AN AUTOPSY?  WHAT TEST CONFIRMED DIAGNOSIST  (Signed) A. M.: D.  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
AGE should be classified. Exact	6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4 - 29 - 1892  7. AGE YEARS MONTHS DAYS If LESS than 1 day,					
refully supplied						
item of information should be ca BATH in plain terms, so that it :						
					N. B.—Every item CAUSE OF DEATH	14. INFORMANT C. CANALLE (Address) Canalle 15. FILED 9/1/1, 1930 Mrs &
			- Lungry	140		



MIS	BUREAU OF \	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
· · · · · · · · · · · · · · · · · · ·	••	No. 133 <sup>-</sup> District No. 3031	File No
2. FULL NAME		Ward. (If nor ds. How long in U.S., if of to	
3. SEX 4. COLOR OR RACE 5. SINGLE DIVORCED HUSBAND or (OR) WIFE OF	MARRIED, WIDOWED OR CED (write the word)	16. DATE OF DEATH (MONTH, DAY AND 17.  I HEREBY CERTIFY 19.  that I last saw b	That I attended deceased from
6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE YEARS MONTHS DAYS  8. OCCUPATION OF DECEASED  (a) Trade, prolession, or	If LESS than 1 day,hrs. ormin.	causin by inte	AS FOLLOWS: Show che
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)		CONTRIBUTORY	(durefun) yes use de
(STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER		Was there an autopsy?	DATE OF
12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OF TOWN)		*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL	
(Address)  15./ FILED 9/, 19.20 Mrs. E.E.		20. UNDERTAKER	ADDRESS

Syary!