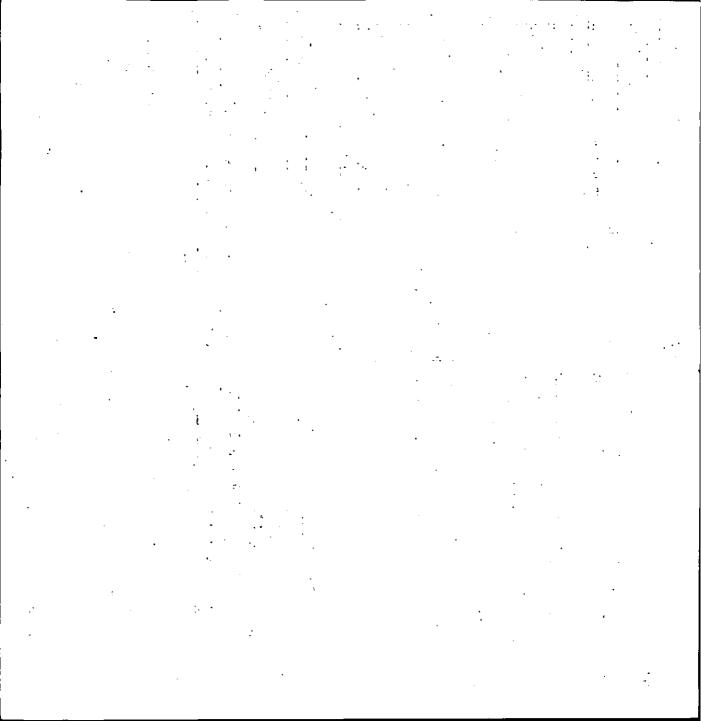
WOV 26 1935 BUREAU OF V	BOARD OF HEALTH //ITAL STATISTICS ATE OF DEATH Do not use this space.
City PLACE OF DEATH County Card Registration Distriction City Primary Registration Ci	lon District No. 3 # 35 Registered No. 99 St. Ward)
(a) Residence, No	(If nonresident, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5A. IF MARRIED, WIDOWED, OP DIVORCED HUSBAND OF	21. DATE OF DEATH (MONTH, DAY, AND YEAR) SKECK
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) CASE 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.	I last saw fine alive on 19 80 Death is said to have occurred on the date stated above, at 6 2 m. The principal cause of death and related causes of importance were as follows: Date of cause
8. Tráde, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and spent in this year) occupation.	Other contributory causes of importance:
12. BIRTHPLACE (CITY OR TOWN) Saxinglar (STATE OR COUNTRY)	
13. NAME AS Known 14. BIRTHPLACE (CITY OR TOWN) Mat / (Namon (STATE OR COUNTRY)) 15. MAIDEN NAME AS Known	Name of operation
18, BIRTHPLACE (CITY OR TOWN) 10 1 15 1 10 10 10 10 10 10 10 10 10 10 10 10 1	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
(ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE I Ch 110 and DATE SIGN. 6. 193	Manner of injury Nature of injury
19. UNDERTAKER Thursdand and (ADDRESS) The Christian and and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED //- 8 19 3 6 Registrar.	(Address)



Tremship
Township Primary Registration District No. 3031 Registered No. City Manual Man
City Manual (No. St. Ward) 2. FULL NAME (a) Residence, No. (Usual place of shode) Length of residence in livy or town where death occurred (b) Residence, No. (Usual place of shode) Length of residence in livy or town where death occurred (c) Residence, No. (Usual place of shode) Length of residence in livy or town where death occurred (d) Residence, No. (Usual place of shode) Length of residence in livy or town where death occurred (d) Residence, No. (Usual place of shode) Length of residence in livy or town and State) (d) Residence, No. (Usual place of shode) (E) Length of residence in livy or town and State) (d) Residence, No. (Usual place of shode) (E) Length of residence in livy or town and State) (d) Residence, No. (Usual place of shode) (E) Length of residence in livy or town and State) (d) Residence, No. (Usual place of shode) (Usual place of place in livy or town and State) (Usual place of the shode) (Usual place of the shode) (Usual place of the shode) (Usual place of
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(a) Reddence, No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDDOWED, OR DIVORCED Grants the word) 5A. IF MARRIED, WIDDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (OR
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
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DIVORCED (unite the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. HEREBY CERTIFY, That I attended deceased from 19 to 1
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 The principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of importance were as follows: Comparison of the principal cause of death and related causes of death and re
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(STATE OR COUNTRY) 13. NAME 13. NAME Name of operation What test confirmed diagnosist Was there an autopsy?
What test confirmed diagnosist. Was there an autopsy?
What test confirmed diagnosist. Was there an autopsy?
T Accident, suicide, or homicide? Date of injury
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT Manner of injury.
18. BURIAL, CREMATION, OR REMOVAL Nature of injury
PLACE DATE 19 24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER If so, specify
(ADDRESS)
20. FILED /-// 1936 E. E. Lay (Addres) Freches