MISSO	DURI	STAT	E BO	ARD	OF	HEALTH
	BURE	AU OF	VITAL	STA	TIST	ICS
		CERTIF	ICATE O	F DEA	TH	

Do not use this space.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 May 2 10 11 11 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18	1. PLACE OF DEATH	74/8 104					
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