(c) City January Registration District No. (2.7) Registered No. (2.1) Registered No. (3.1) Registered No. (4.1) Registered No. (5.1) Registered No. (6.2) Registered No. (6.2) Registered Registered Management (7.2) Registered No. (7.2) Registered No. (8.2) Registered Register	1. PLACE OF DEATH	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH Do not use this space.
(c) Langth of residency specific flows where death occurred of the particular with its name instead of street and number) 2. PRINT FULL NAME AND STATISTICAL PARTICULARS 3. SEX 4. COLOR ORFACE 5. SINGLE MARRIED MICHEL TO DEATH 5. A. If MARRIED WIDONED OR DIVORCED (Will the world) 5. A. If MARRIED WIDONED OR DIVORCED (Will the world) 5. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE 7. AGE 7. AGE 8. Trade, pofession, or particular kind of work done, as anyer, bookkeeper, etc. 6. DATE OF DISTRIBUTION OF DEATH 7. AGE 8. Trade, pofession, or particular kind of work done, as anyer, bookkeeper, etc. 9. Industry of business in which work 9. Industry or business in which work 10. DATE OF DISTRIBUTION OF DEATH 11. NAME 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. MAIDEN NAME 14. BIRTHPLACE (CITY OR TOWN) (15. BIRTHPLACE (CITY OR TOWN) (16. BIRTHPLACE (CITY OR TOWN) (17. INFORMANT Date of DATE (CITY OR TOWN) (18. BIRTHPLACE (CITY OR TOWN) (19. BIRTHPLACE ((b) Township tishing River Primary Registrati	
(a) Residence for Mount place of a bode, it in a street address, write county or city) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(e) Length of residence in city or lown where death occurred of yrs. 5 mo	occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OBPACE DIVORCED CUTIE the word) 5A. If MARRIED WILDOWS DO ROIVORCED (IOR) WIFE OF DEATH (MONTH, DAY, AND YEAR) 5. DATE OF DERTH (MONTH, DAY, AND YEAR) TAGE TERMS MONTHS 6. DATE OF DERTH (MONTH, DAY, AND YEAR) TO DATE OF DERTH (MONTH, DAY, AND YEAR) TO DATE OF DEATH TO DATE OF DEATH (MONTH, DAY, AND YEAR) TO DATE OF DEATH TO DATE		Summers
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 1. SALE OF DEATH (MONTH, DAY, AND YEAR) 5. AFTER OR COUNTRY) 5. Trade, profession, or particular kind of own will, bank, etc. 5. Industry or business in which work occupation of work done, as as well, bank, etc. 5. Industry or business in which work occupation 6. DATE deceased last worked at the country of	Sual place of abode, if no street address, write count	y or city) (If nonresident, give city or town and State)
DIVORCED (Write the word) 5. LIF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF DEATH (MONTH, DAY, AND YEAR) 5. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS 17 LESS than 1 day, has, or mile date stated above, at 1.0. A.m. The principal cause of death and related cause of importance were as following: the day, has, or mile down, has were as followed down, has were as followed down, has were as followed down, has were down as were as followed down, has were down as were as followed down, has were down as were as followed down, has were down mile back, set of the down as were as followed down, has were down many as were down mile back, set of the down as were as followed down as were as followed down as were as followed down as were down mile back, set of the down as were as followed down as w		MEDICAL CERTIFICATE OF DEATH
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8. Trade, profession, or particular kind of work done, as savyer, bookkeeper, etc. 9. Industry or business in which work was done, as savyer, bookkeeper, etc. 9. Industry or business in which work was done, as savyer, bookkeeper, etc. 9. Industry or business in which work was done, as save mill, bank, etc. 11. Total time (years) spent in this occupation (month and year occupation) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT 18. BURIAL, CREMAJION, OR REMOVAL PACE 19. FUNERAL DIDECTOR (MAMP) 19. FUNERAL DIDECTOR (MAMP) 20. FILED (2) 33. MARCHARD AND AND AND AND AND AND AND AND AND AN	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 100-12-1858	to have occurred on the date stated above, at 10 A.m.
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20. FILED 6 1 39 Dellamole no. (Signed) Sousan Ma.		24. Was disease or injury in any way related to occupation of deceased?
	(ADDRESS) Cercelsion fringly	· (Signed) Coletus Buchen M. D
Licensed Embalmer's Statement on Reverse Side)	Local Registrar.	<u>5 4 7 </u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Registered Apprentice; No......, working under my personal supervision.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

with the above constitutes grounds for revocation of license.) If this body is not embalmed, above space should be left blank.