1. PLACE OF DEATH County. GARD Township District No. Primary Registration District No. D. G. Co. Registration No. September 1. St. Ward. 2. FULL NAME (No. Registration District No. D. G. Co. Registration No. D. G. Co. Registration No. D. G. Co. Registration District No. D. G. Co. Registration No. St. Ward. 2. FULL NAME (If nonresident give city or town and State) (Identify of residence in city or town where death occurred 9 yrs. mos. ds. Haw long in U.S. if all foreign bright yre. (by or town and State) 1. SEX A. COLOR RACE 1. SINGLE MARKED, WILDOWSTO OR DIVOKED Gerbit the word) 3. SEX 4. COLOR RACE 1. SINGLE MARKED, WILDOWSTO OR DIVOKED Gerbit the word) 5. DATE OF DEATH (GONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DATE 11 LISSS chast days. miss. 6. DATE OF DEATH (GONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DATE 11 LISSS chast days. miss. 7. AGE YEARS MONTHS DATE 11 LISSS chast days. miss. 8. OCCUPATION OF DECEASED (a) Track, preferation, or purificults and of war. (b) General nature of industry, hasieness, or employee the complete of complete 1. Single days. (c) Name of employer 10. NAME OF FATHER (CITY OR YORN) (S) Name of employer 11. BIRTHPLACE (CITY OR YORN) (S) Name of employer 12. MAIDEN NAME OF MOTHER (CITY OR YORN) (S) STATE OR COUNTRY) (STATE OR COUNTRY)	24 1927		BOARD OF HEALTH	Do not use this space.
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2. FULL NAME MAJORES No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Township As and	Primary Registration	District No. 11090	· / / -
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