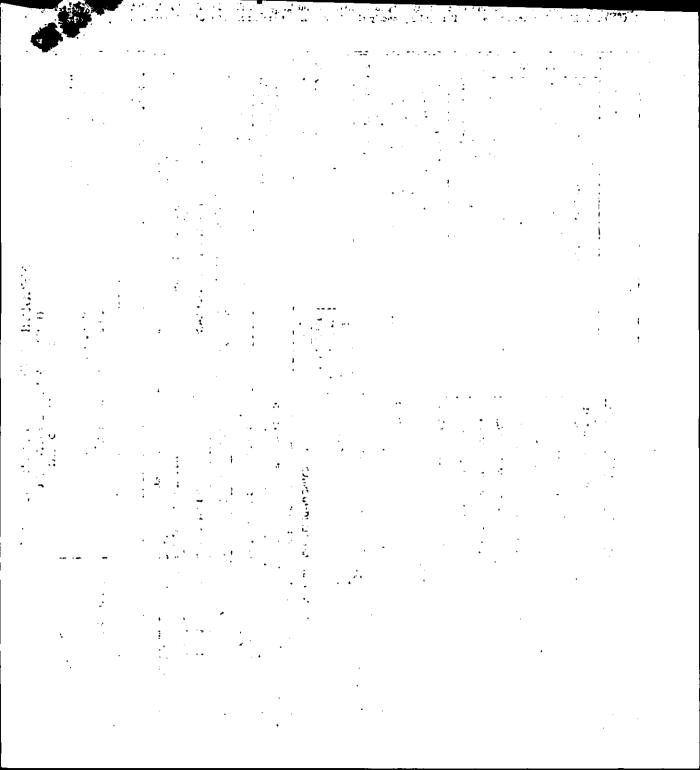
ATTON IS VETY IMPORT	BUREAU OF VI CERTIFICA 1. PLACE OF DEATH Latte Registration District Township Primary Registration City (No. (No. (No. (Usual place of abode))) 8 2. FULL NAME St.,	District No. 14420 Registered No. Ward) St. Ward) Ward. (If nonresident, give city or town and State)
ns, so that it may be properly classified. Exact statement of OCCUPATION	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DIVORGED (write the word) SA. 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 Y dayhrs. ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or 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) (STATE OR COUNTRY) 10. NAME OF FATHER WALLY ACCUPATION OF DAY ACCUPATION OF DECEASED (a) Trade, profession, or 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) (STATE OR COUNTRY) 10. NAME OF FATHER WALLY ACCUPATION OF DECEASED (A) Trade, profession, or particular kind of work. ACCUPATION OF DECEASED (C) Name of employer (C) Name of employer (C) Name of Employer (C) Name of FATHER (MARRIED, WIDOWED OR DIVORCED DIVORC	MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 1 HEREBY CERTIFY, That I attended deceased from
CAUSE OF DEATH in plain terms,	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OF TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OF TOWN) (STATE OR COUNTRY) (STAT	WHAT TEST CONFIRMED DIAGNOSIST CANAL STATE OF THE CONFIRMED DIAGNOSIST CANAL STATE OF THE CONFIRMED DIAGNOSIST CANAL M. D. , 19 (Address) Wester M. D. , 19 (Address) Wester 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. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL **DURING TO STATE OF THE CONFIRMENT OF THE C



	BUREAU OF V	TAL STATISTICS FOR	INFORMATION CALLED MUST BE WRITTEN ON SUPPLEMENTARY.
1. PLACE OF GEATH County Clare Township City John 2. FULL NAME Olive		سر (od No
(a) Residence. No			e city or town and State) yrs. mos. ds.
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
SA. IF MARRIED, WIDOWED, OR DIVORCED	SINGLE, MARRIED, WIDOWED OR DIVORCED (brite the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. I HEREBY CERTIFY, That I attende	d deceased from
HUSBAND OF (OR) WIFE OF		that I last saw h alixe on	, 19, and tha
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		death occurred, on the data three ubove, at THE CAUSEOF DEATH WAS AS FOLLO	1
7. AGE YEARS MONTHS 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work	DAYS If LESS than 1 day,hrs., ormin:	Cereba Brenocke fragion) CONTRIBUTORY (SECONDARY)	MAR' mos. ds
which employed (or employer)		18, Where was disease contracted	mos. ds
9. BIRTHPLACE (CITY OR TOWN)		IF NOT AT PLACEDE DEATH	E OF
10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR 1 (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER	TOWN TO THE TOWN T	WHAT TEST CONFIRMED DIAGNOSIS?	7
13. BIRTHPLACE OF MOTHER (CITY OF LE	QWN)	*State the Disease Causing Death, or in dea (1) Means and Nature of Injury, and (2) Wh Homicidal.	
INFORMANT	······	19. PLACE OF BURIAL, CREMATION, OR REMO	VAL DATE OF BURIAL
(Address)	1016		19
155' FILED 1/2 19 4 77	19nCl REGISTRAR	20. UNDERTAKER	ADDRESS

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