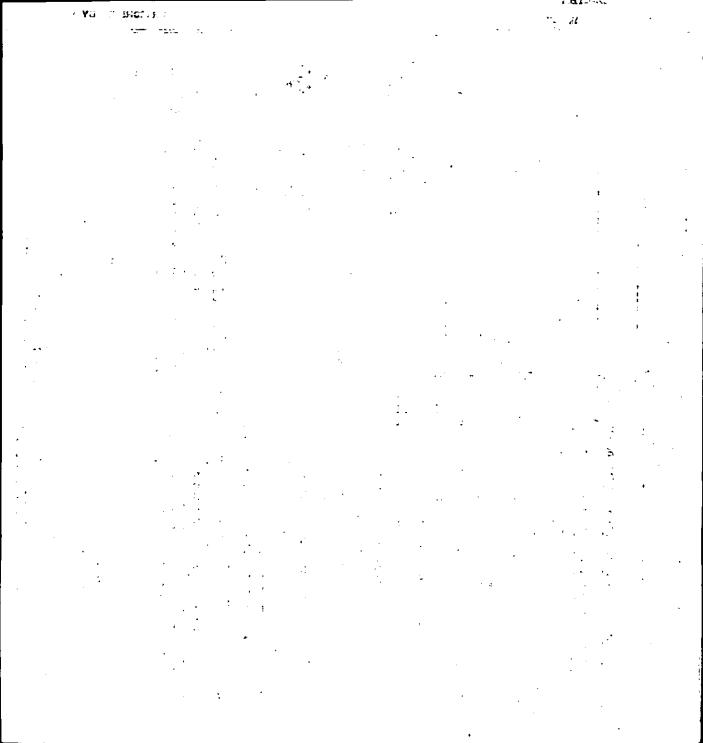
1. PLACE OF DEATH County Township	BUREAU OF VI CERTIFICA Registration District Primary Registration No. Discontinuous Control Co	a District No. 3033 B Hospital Or 14 Ward	Do not use this space. 5993 File No
PERSONAL AND STATISTICAL PA			FICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE DIVOR MACE 5. SINGLE DIVOR MACE 5. SINGLE DIVOR MACE 5. SINGLE DIVOR MACE 1. SING	MARRIED, WIDOWED OR CED (write the word)	that I last saw h A alive on	at I attended deceased from 1-15-20, to 1920, and the
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2 8 7. AGE FEARS MONTHS DAY:	day,hrs.	death occurred, on the date stated about the CAUSE OF DEATH+ was	•
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).	ewife	CONTRIBUTORY (SECONDARY) 18. WHERE WAS DISEASE CONTRACTED	. (duration)yrs
9. BIRTHPLACE (CITY OR TOWN)	Fle .	1 1	yes DATE OF aug - 1929
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER POPULAR	Jenn raskompour	WAS THERE AN AUTOPSY?	Clenical, esurenglessy m.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	(z) <u>.</u>		rH, or in deaths from Violent Causes, sta and (2) Whether Accidental, Suicidal,
14. INFORMANT James Attle (Address) James Attle (Address) James Attle 15. FILED 16 180 FCHaly	W D REGISTRAR	19 PLACE OF BURIAL, CREMATION, WELVEUN DULLE 20. UNDERTAKER	or removal date of Burial and 2/7 193 Address 7



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