BUREAU OF VI	BOARD OF HEALTH TAL STATISTICS TE OF DEATH
1. PLACE OF DEATH County Registration District	No. 905 Pile No.
Township Primary Registration City (No	District No. St. Ward)
2. FULL NAME H. Slack Constin	
(a) Residence. No	Ward. (If nonresident give city or town and State) ds. Hew long in U.S., if of foreign birth? yrs. mes. ds.
PERSONAL AND STATISTICAL PARTICULARS	2. MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Avoiced	16. DATE OF DEATH (MONTH, DAY AND YEAR) Merch 3/ 30
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jewette Curstin,	that I last saw later alive on the death occurred, on the date stated above, at
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	death occurred, on the date stated above, at
7. AGE YEARS MONTHS DAYS II LESS than 1 day,	46CLuca
8. OCCUPATION OF DECEASED (a) Trade, profession, or perficular kind of work	Il (duration) yra of mag de
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY CILLSUSSICA T CALLY (SECONDARY) (duration) Tra. 7
(c) Name of employer	18. Where was disease contracted
9. BIRTHPLACE (CITY OR TOWN) Addition (STATE OR COUNTRY)	IF NOT AT PLACE OF DEATH?
10. NAME OF FATHER . A. Curstin	O DID AN OPERATION PRECEDE DEATHY
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGROSIST. Supular Standing
12. MAIDEN NAME OF MOTHER MARANA - Hill	(Signed), M. 1
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	*State the Disbase Causing Drath, or in deaths from Violent Causes, state (1) Mrans and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
14. INFORMANT A Sauk Caustin (Address)	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
15. F. Jan 9130 Mas May Long	26. UNDERTAKER BUSH
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