BUREAU OF V	BOARD OF HEALTH Do not use this space //ITAL STATISTICS ATE OF DEATH
1. PLACE OF DEATH	794 28359
County Registration Distri	ict No
Township Primary Registration	Registered No.
City City City City City City City City	g st se
2. FULL NAME GEORGE ALL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Residence. No	., Ward. (If nonresident, give city or town and S
Length of residence in city or town where death occurred / yrs. D mos	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH DAY AND YEAR) 8/15
male Colored married	17. Colypicion matteria
5A. IF MARRIED, WIDOWED, OR DIVORCED	I HEREBY CERTIFY, That I sttended deceased from, 19, to
HUSBAND OF (OR) WIFE OF	that I last saw h alive on
Susan ,	death occurred, on the date stated above, at
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8 // 2 // 405 7. AGE YEARS MONTHS DAYS 1f LESS than 1	THE CAUSE OF DEATH+ WAS AS FOLLOWS:
25 — 3 day,min.	100 menmonia
25 To or	
8. OCCUPATION OF DECEASED	108
(a) Trade, profession, or Janular particular kind of work.	(duration) yrs mos
(b) General nature of industry,	CONTRIBUTORY CONTRIBUTORY CONTRIBUTORY
business, or establishment in which employed (or employer) apartment spouses	(duration) yrs. mos
(c) Name of employer / Zunknauva	18. WHERE WAS DISEASE CONTRACTED
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATH
(STATE OR COUNTRY)	DID AN OPERATION RECEDE DEATH? DATE OF
10. NAME OF FATHER JAM Hell	Was there an autopsy: 20
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIS
(STATE OR COUNTRY)	(Signed)
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER WAY WOWN	819 30 Wadness DE Duty Coro
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Zunferen	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CA
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY and (2) Whether Accidental, St
11. Starsel Well.	HOMICIDAL. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BU
(Address) 42 (a) W. Ambula	1 6 x1 - Diday 8/
15.710 10 1200 MM	20 LINDERTAKER ADDRESS
ALEIGED 19 19 19 19 19 19 19 19 19 19 19 19 19	Ceoples Und. Co. Fran
REGISTRAR	

