AFR & 3 130	BUREAU OF VI CERTIFICA 1. PLACE OF DEATH County Registration District Township City City				n District No. 5.6.2.3-13 Registered No. 2.2. St. Ward)		
		e in city or town where	death occurred	yrs, mos			r town and State)
	PERSO	NAL AND STATIST	ICAL PARTIC	ULARS	/ MEDICAL CERT	IFICATE OF DE	NTH
3.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)				16. DATE OF DEATH (MONTH, DAY A	ND YEAR)	ا لا 19 مرحم ا
5A.	. IF MARRIED, WIDO	WED, OR DIVORCED	<u> </u>	لمسبد	I HEREBY CERTIFY, That I attended deceased from 1970, to 1970, 1970		
	HUSBAND OF (OR) WIFE OF	Lune	٠		that I last saw h alive on	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	193. , and that
6.	DATE OF BIRTH (MONTH, DAY AND YEAR)	Dec 2	01840	death occurred, on the date stated ab THE CAUSE OF DEATH+ w.	•	<u>00 04 m.</u>
7.	AGE YEA	RS MONTHS	DAYS	If LESS than 1		······································	
	9	o 3_	3	day,hrs. ormin.	bhroine)	مسړوف	rdicks
	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)				(duration) yrs mos ds CONTRIBUTORY (SECONDARY) 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. D.		
	10. NAME OF FATHER						
PARENTS	11. BIRTHPLACE OF FATHER (CITY OR TOWN)						
PARI	12. MAIDEN NAME OF MOTHER				19 (Address) The Grand & Mo		
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)				*State the DISEASE CAUSING DEATH, or a deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal.		
14.	INFORMANT S	ontración.	Xme	(204.)	19. PLACE OF BURIAL GREMATION.	OR REMOVAL WO.	March 2 198/
15.	FILEB 24, 1	1931 (26	Essi (REGISTRAR	2 UNDERTANTER AND WASHINGTON	. He	ADDRESS 19manlley,

