Registrar.

Do not use this space.

33324

Registered No.

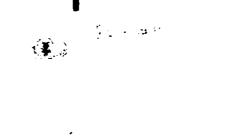
MEDICAL CERTIFICATE OF DEATH

The principal cause of death and related causes of importance were as follows: Date of onset

23. If death was due to external causes (violence), fill in also the following:

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.



•

.

.