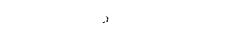
		BUREAU OF VI	BOARD OF HEALTH  Do not use this space.  TAL STATISTICS
state rtant.	į	1. PLACE OF DEATH	TE OF DEATH 5670
should ry impo		80 County Registration District Primary Registration	District No. 30 32 Registered No. 42
ORID ICIANS IV is ve		2. FULL NAME Kate Well	St. Ward)
PHYS!	102	(a) Residence. No	
LY.	;	PERSONAL AND STATISTICAL PARTICULARS	/ MEDICAL CERTIFICATE OF DEATH
W PERMANENT RECORD stated BXACTLY. PHYSICIANS should state statement of OCCUPATION is very important.	1000	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 17 18 32
		SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	HEREBY CERTIFY, That Pattended decessed from 19 19 19 19 19 19 19 19 19 19 19 19 19
d be		6. DATE OF BIRTH (MONTH, DAY AND YEAR) DE Q 7- 1854	death occurred, on the date stated above, at
AGE should be classified. Exact		7. AGE YEARS MONTHS DAYS II LESS than 1 day,hrs.	THE CAUSE OF DEATH® WAS AS FOLLOWS
INK-		8. OCCUPATION OF DECEASED	Ola 15 A
supplied.		(a) Trade, profession, or particular kind of work	J J (duration) yes. to
UNFABIN refully suppl nay be prop		(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY
H UNFA		(c) Name of employer	18. WHERE WAS DEFASE CONTRACTED
ANTH Id be c that it		9. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY)	IF NOT AT PLACE OF DEATHY.
- 00	ŀ	10. NAME OF FATHER PARTY THINKS	DID AN OPERATION PRECEDE DEATH! DATE OF
terms,		11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WAS THERE AN AUTOPSYT
formation		II. BIRTHPLACE OF FATHER (CITY OR TOWN).  Z  (STATE OR COUNTRY)  LIVER COUNTRY)	(Signed) IV J. Beshot Covere M. D
변 육룡		12. MAIDEN NAME OF MOTHER HARING Wulf	,19 (Address) Sedalea mo
WRID W. B.—Every Hem of CAUSE OF DEATH		(STATE OR COUNTRY)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homograph.
-Every		14.  INFORMANT My Johnson  (Address)  Cluster My	19. PLACE OF BURIAL, CREMATION, OR REMOVAL CONTROL OF BURIAL
f. B.—		152-18.032 St. Love	20. UPDERTAKER (LASS)  ADDRESS
- EO		REGISTRAR	Tillespie Sulatia



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