ORD ICIANS should state IN is very important. IPR 2 1 1993		BUREAU OF V CERTIFICA 1. PLACE OF DEATH County Registration Distri	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH Let No. 345 on District No. 4204	Do not use this space. 9311 Pile No
WRITE PLAIFLY, WITH UNFADING INKTHIS IS A PERMANENT RECORD N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.		(a) Residence, No	Other contributory causes of important what test confirmed diagnosis? Name of operation what test confirmed diagnosis? 1 in test cause of death and related a confirmed diagnosis? 1 in test confirmed diagnosis?	FICATE OF DEATH OYEAR) 3 — 6 .193 IFY, That I attended deceased from to March. 6 .193 Death is said bove, at 2.30 m. Ited causes of importance were as follows: Date of onset Date of Date of Was there an autopsy? M If (violence), fill in also the following: Date of injury, 19. Date of injury, 19. If city or town, county, and State) ustry, in home, or in public place.

