		v '	The second of th
	950	BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH Do not use this space. 38796
٩	(Apr.) should st is vest impo	1. PLACE, OF BEATH O O County Registration District Township Primary Registration City County Registration Primary Registration No. (No. (No. (No. (No. (No. (No. (No.	on District No. Co=6770 Registered No. St. Ward
ANENT RECORD	OCCUPATION IS W	(a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	Ward. (If nonresident, give city or town and State)
Y N		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ER	ed EX	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (porte the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 . 1933
UNFADING INKTHIS IS A F	carefully supplied. AGE should be stated EXAC it may be properly classified. Exact statement of	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	22. I HEREBY CERTIFY. That I attended deceased from NW-10., 1933, to NW 14., 1933 Ilust saw h alive on Nu 13., 1937. Death is said
		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) QUAY 24-1933 7. AGE YEARS MONTHS PAYS If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10 7 m. The principal cause of death and related causes of importance were as follows: Date of onset
		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Other contributory causes of importance:
WITH	old be ca	12. BIRTHPLACE (CITY OR TOWN). Servery. (STATE OR COUPTRY) 13. NAME Florand aller 6	
PLAINLY,	tion shorems, so	13. NAME 13. NAME 14. BIRTHPLACE (CITY OR TOWN) LEVELS (STATE OR COUNTRY)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
WRITE PLA	N. B.—Every item of information should be careft CAUSE OF DEATH in plain terms, so that it may	15. MAIDEN NAME Hoel Wockers 16. BIRTHPLACE (CITY OR TOWN) Malden, (STATE OR COUNTRY)	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?
¥.	item c	17. INFORMANT Clays Rockings (ADDRESS)	Manner of injury.
	Very OF D	18. BURIAL CREMATION OR REMOVAL PLACE PLA	Nature of injury
S. No. 2	N. B.—E CAUSE	19. UNDERTAKER John Wilson John John John John John John John Jo	24. Was disease or injury in any way related to occupation of deceased? If so, specify
i		20. FILESO // O	(Address) Turburan Julia

