	NOV 2	3 1936		BUREAU OF	E BOARD OF HEALTH VITAL STATISTICS PATE OF DEATH	De not use this space
	LACE OF DEATH County Del Township Came	Kalb den⊃		Primary Registrat	rict No. 2 5 9 Ilon District No. 4) 5 6	37214 Pile No
2. F	ULL NAME	Robert	Eugene	Shingle	C	onresident, give city or town and
3. SEX <u>M</u> 8 54. IF M	_	R OR RACE		ED, WIDOWED, OR	21. DATE OF DEATH (MONTH, DAY, A	ITIFY, That I attended dece
7, AGE	OF BIRTH (MONTH, YEARS 71 Trade, profession, or	Months 5	DAYS 15	5 1865 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated. The principal cause of death and re	above at 7 m
) A	kind of work done, sawyer, bookkeep. Industry or busines work was done, a saw mill, bank, et Date deceased last this occupation (year)	er, etcs in which as silk mill, cworked at month and	11. Total t		Other contributory causes of import	ance!
H 13.	12. BIRTHPLACE (CITY OR TOWN)				Name of operation	
17. INFO	MAIDEN NAME JE IRTHPLACE (CITY OF (STATE OR COUNTRY)	en Brown	m Clari	What test confirmed diagnosis? Was there an autopsy 23. If death was due to external causes (violence), fill in also the folio Accident, suicide, or homicide? Date of injury. Where did injury occur? (Specify city or town, county, and Sta Specify whether injury occurred in industry, in home, or in public place		
18, BUR PLA 19, UNDI	DRESS) AMILUAL, CREMATION, O CE AMILU M RTAKER U.G. DRESS) MAY	R REMOVAL	_{вате} 19/	/11 -36,	Manner of injury Nature of injury 24. Was disease or injury in any way If so, specify (Signed)	



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