Coenty Wilder of Coenty Primary Registration District No. How St. Township City City City City City City City City	JAN 1 3 19377 BUREAU OF	E BOARD OF HEALTH VITAL STATISTICS CATE OF DEATH Do not use this space. 40052
(Beadence, No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. Bow long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DIVORCED (Write the word) SA. IF MARRIED, WIDOWED, OR DIVORCED (Write the word) FA. IF MARRIED, WIDOWED, OR DIVORCED (Write the word) MALL A. COLOR OR RACE DIVORCED (Write the word) MALL A. COLOR OR RACE DIVORCED (Write the word) MALL A. COLOR OR RACE DIVORCED (Write the word) MALL A. COLOR OR RACE DIVORCED (Write the word) MALL A. COLOR OR RACE DIVORCED (Write the word) MALL A. COLOR OR RACE DIVORCED (Write the word) MALL A. COLOR OR RACE DIVORCED (Write the word) MALL A. COLOR OR RACE DIVORCED (Write the word) MALL MALL DATE MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) MEDICAL CERTIFICATE OF DEATH 22. I HEREBY CERTIFY, That I attended decease MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) MEDICAL CERTIFICATE OF DEATH 22. I HEREBY CERTIFY, That I attended decease MEDICAL CERTIFICATE OF DEATH 23. THE REBY CERTIFY, That I attended decease MEDICAL CERTIFICATE OF DEATH 24. NATE OF DEATH (MONTH, DAY, AND YEAR) MEDICAL CERTIFICATE OF DEATH 25. DATE OF DEATH (MONTH, DAY, AND YEAR) MEDICAL CERTIFICATE OF DEATH 26. DATE OF DEATH (MONTH, DAY, AND YEAR) MEDICAL CERTIFICATE OF DEATH 27. LATER OF DEATH (MONTH, DAY, AND YEAR) MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 28. Trade, profession, or particular 19. Date of note of the word) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH MEDICAL CERTIFICATE OF DEATH 22. I HEREBY CERTIFY, That I attended decease MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE DATE O	County Registration Distriction Districtio	rict No
3. SEX 4. COLOR OR RACE MALU White Whose Edition of Divorced (write the word) 54. If Austrieo, Wildowed, or Bivorced (UR) (I) Appendix OF 55. Single, Married, Wildowed, Or Divorced (Write the word) 55. If Austrieo, Wildowed, or Bivorced (UR) (I) Appendix OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MONTHS DAYS 11 LESS than 1 day, hrs. or min. The principal cause of death and related caused of importance were as 1 Date of wear mill, bank, set adds mill, sepent in this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) (STATE OR COUNTRY) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. DATE OF DEATH (MONTH, DAY, AND YEAR) 26. DATE OF BIRTH (MONTH, DAY, AND YEAR) 27. AGE 18. UNIDATE OF DEATH (MONTH, DAY, AND YEAR) 28. I HEREBY CERTIFY, That I attended decease 19. Industry on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have occurred on the date stated above, at/fig. Death to have one at 10 have one at 1	(a) Residence, No	St.,
22. I HEREBY CERTIFY, That I attended decease HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than I day, hrs. of mining work was done, as signiner, sawyer, bookkeeper, etc. whis occupation (month and year) 9. Industry or business in which work was done, as signiner, sawyer, bookkeeper, etc. whis occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. MAIDEN MAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN MAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE 19. UNDERTAKER 19. UNDERTAKER 21. I HEREBY CERTIFY, That I attended decease 19. I HEREBY CERTIFY. 19.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR	.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than I day,	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	22. I HEREBY CERTIFY, That I attended deceased ,19, to
8. Trade, profession, or particular kind of work done, as signiner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as eilk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) (STATE OR COUNTRY) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE 19. UNDERTAKER	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs.	to have occurred on the date stated above, at
Saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date deceased last worked at this occupation (month and year) 10. Other contributory causes of importance occupation Other contributory causes of importance occupation	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry oo business in which work was done as silk mill.	Ana Comment
13. NAME 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Specify city or town, county, and State) (State of injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify whether injury occurred in industry, in home, or in public place. (Specify wheth	U 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	Other contributory causes of importance
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE 19. UNDERTAKER 19. UNDERTAKER Name of operation Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 28. If death was due to external causes (violence), fill in also the following Accident, suicide, or homicide? Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place. Nature of injury 18. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER 19. UNDERTAKER	(STATE OR COUNTRY)	
15. MAIDEN NAME Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place.	14. BIRTHPLACE (CITY OR TOWN)	Name of operation
17. INFORMANT (ADDRESS) Manner of injury Manner of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Accident, suicide, or homicide?
19. UNDERTAKER TOTAL (Mangalating 19. UNDERTAKER (Mangalat	17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. FILED INVI- 1936 Amy h Bones (Address) Septention In	19. UNDERTAKER & CATURINE MO (ADDRESS) 20. FILED 12/VJ- 1936 Amm & Gone	(Signed) (Signed)

