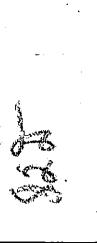
JAN 20 1097 BUREAU OF	E BOARD OF HEALTH VITAL STATISTICS CATE OF DEATH Do not use this space.
1. PLACE OF DEATH County Lincoln Begistration Dist Township Primary Begistrat	rict No. 493 File No. 312 Monthstrict No. 5652 Monthstrict No. 5652
(Usual place of abode)	St
Length of residence in city or town where death occurred 7 yrs. mos PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U. S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sec. 18
Male While maries 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WHEE OF Liggie Bell	I last what wallive on
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 day,	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Joseph American
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	Other contributors sames of importance:
12. BIRTHPLACE (CITY OR TOWN)	Collead Jalenne
13. NAME John Bell 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Name of operation
(STATE OR COUNTRY) M 15. MAIDEN NAME Elizabeth 16. BIRTHPLACE (CITY OR TOWN)	23. If death was due to external causes (violence), fill in also the following Accident, suicide, or homicide?
(STATE OR COUNTRY) M Chance	Where did injury occur?
17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Nature of injury
19. UNDERTAKER David & Files	11 so, specify
20. FILED 2 19 19 Registrar.	(Address Of A Man Rose Man



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