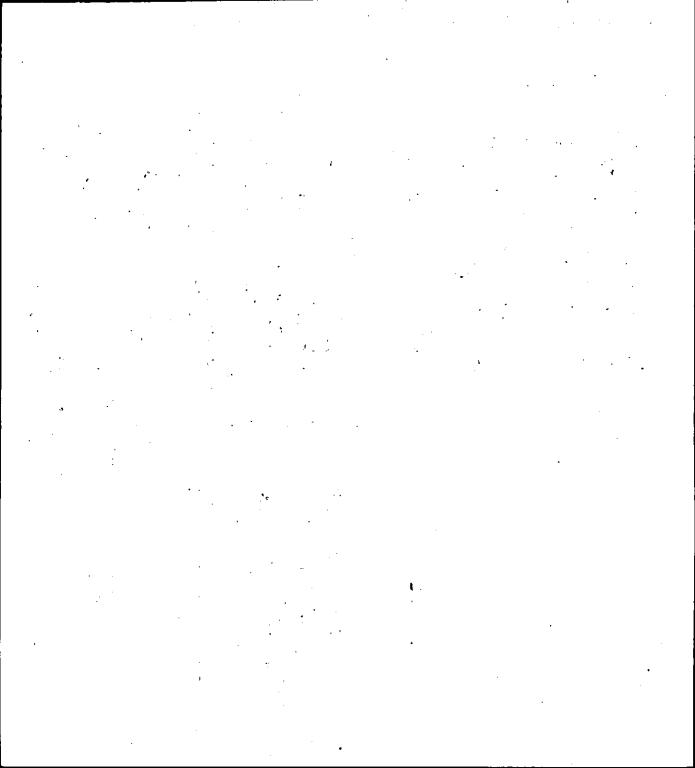
JAN 25 1937	BUREAU OF	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	Do not use this space	1,
1. PLACE OF DEATH	1		45771	
County Meep 6		rict No.	File No.	*.,
Township	Primary Registrat	ion District No 77 4	Registered No	
City	(No,		St	Ward)
2. FULL NAME DILOT	ge Dard	cw	***************************************	
(a) Residence, No(Usual place of abode) Length of residence in city or town where	death occurred yrs. mos		aresident, give city or town and i	
PERSONAL AND STATIST		tl.	IFICATE OF DEATH	. us.
	5. SINGLE, MARRIED, WIDOWED, OR			
male	DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AN	D YEAR WILL TO TO	. 190
5a. IF MARRIED, WIDOWED, OR-BIVORCED	1 Carreir	22. HEREBY CERT	IFY, That I attended dece	eased fro
HUSBAND OF (OR) WIFE OF Casa	Cardin	I last saw h	17	, 19,
6, DATE OF BIRTH (MONTH, DAY, AND YEAR)	euknew]	to have occurred on the date stated s		eath is s
7. AGE YEARS MONTHS	DAYS If LESS than (The principal cause of death and rel		as folio
<i>L L</i>	day,hrs. ormin.	Phranie Nelsh	retes	Date of o
8. Trade, profession, or particular	4	200000000000000000000000000000000000000		
kind of work done, as spinner, sawyer, bookkeeper, etc	etued, Tarner	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
work was done, as silk mill,				
saw mill, bank, etc	11. Total time (years) spent in this	Other contributory causes of importan		
year)	occupation	Other contributory causes of important	Inquesal	
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)	usau.	Herma		
	D: 1			
E 13. NAME alfred	coordus_	Name of operation		
14. BIRTHPLACE (CITY OR TOWN)	710000	1 - 1		
KI J	A	23. If death was due to external cause	31	
15. MAIDEN NAME CLECK	/ somme	Accident, suicide, or homicide?	Date of injury	, 19
O 16. BIRTHPLAGE (CITY OR TOWN)	nessauni	[] (Spec		
Jane C	Don die	Specify whether injury occurred in ind	mstry, in nome, or in public place	e.
17. INFORMANT WOULD (ADDRESS)	allo-me	Manner of injury		
18. BURIAL, CREMATION, OR REMOVAL	1 - 203	Nature of injury		••••••
PLACE ()	DATE DEC 7.19	24. Was disease or injury in any way	related to occupation of deceased	17
19. UNDERTAKER FILE (ADDRESS)	N. Delbert	If so, specify	Ewoweih	
	-WW 7VCO	(Signed) (Address) h	4.4	, M.
20. FILED 19 19		(Address)	V	



Township Tow	BUREAU OF	E BOARD OF HEALTH VITAL STATISTICS CATE OF DEATH Do not use this space.
2. FULL NAME (a) Residence, No. ((Isaa) place of abode) ((Isaa) place of abod	County Pulaske Begistration Dis	3-000
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.	2. FULL NAME Glorge Card	Si. War
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (urite the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5. AIF MARRIED, WIDOWED, OR DIVORCED (1984) 4. SALE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1849, or 1849,	(Usual place of abode)	(If nonresident, give city or town and State)
DIVORCED (urtite the world) 2. DATE OF DEATH (MONTH, DAY, AND YEAR) 5. LATE OF BIRTH (MONTH, DAY, AND YEAR) 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or husiness in which work done, as spinner, sawyer, bookkeeper, etc. 10. Date deceased last worked at the following thing occurred in this occupation. 11. INFORMANT (STATE OR COUNTRY) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME CLIPACE (CITY OR TOWN) (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME (Specify dity or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (Specify dity or town, county, and State) 17. INFORMANT (ADDRES) 18. BURIAL CREMATION, OR HEMOVAL	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SATE OF BIRTH (MONTH, DAY, AND YEAR) 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day,	DIVORCED (write the word)	
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S. Trade, profession, or particular kind of work done, as spinner. Returned. Additional profession, or particular kind of work done, as spinner. Returned. Additional profession, or particular kind of work done, as spinner. Returned. Additional profession. Saw mill, bank, etc. One of the profession of the profession of the profession will, saw mill, bank, etc. 11 Total time (years) 12 Birthplace (city or town) 12 Date deceased last worked at this occupation (month and years) 13 NAME		to have occurred on the date stated above, at
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). 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 NEMOVAL. Manner of injury. Nature of injury. Manner of injury. Nature of injury. Manner of injury. Nature of injury. Manner of injury.	day,	Dâte de la Dâte de
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23. If death was due to external causes (violence), fill in also the following Accident, suicide, or homicide? Date of injury	4 14. BIRTHPLACE (CITY OR TOWN)	What test confirmed diagnosis? Was there an autopsy?
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18. BURIAL CREMATION, OR HEMOVAL Nature of injury		Manner of injury.
DATE PLACE 132 DATE PACE 21. Was disease or injury in any way related to occupation of deceased?	$ \qquad \qquad \qquad \qquad \qquad \qquad \qquad$	Nature of injury
II SO, SPECIFY	Harly Giolog	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (ADDRESS) (Signed) (Signed)		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
20. FILED 19 Registrar. (Address)	20. FILED	(Address) Wife me

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