PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED WILLIAM DO FELD 19. SA. IF MARRIED, WIDOWED, OR DIVORCED (QD) WIFE OF 6. DATE OF BIRTH (MONTH, DAY/AND YEAR) 7. AGE YEARS MONTHS DATS If LESS than 1 day, hrs. or min. 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 spent in this occupation (month and spent in this occupation (month and spent in this occupation) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME MEDICAL CERTIFICATE OF DEATH 24. DATE OF DEATH (MONTH, DAY, AND YEAR) 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following:	BUREAU C	TE BOARD OF HEALTH Do not use this space. F VITAL STATISTICS FIGATE OF DEATH
Length of residence in city or town where death occurred 1712, 1712, 1713, 1714, 1	County Registration Township Agency Primary Registration City (No.	stration District No. 3-1/7 Registered No.
3. SEX 4. COLOR OR RACE 5. SIRCLE MARRIED, WIDOWED, OR DIVORCED (Write the word) SA. IF MARRIED, WIDOWED, OR DIVORCED		(If nonresident, give city or town and State)
DIVORCED (write the word) The Manneto NIDOWED, OR DIVORCED H. MANNETON NIDOWED, OR REMOVED. H. MANNETON NIDOWED, OR DIVORCED H. MANNETON NIDOWED, OR REMOVED. H. MANNETON NIDOWED, OR		MEDICAL CERTIFICATE OF DEATH
8. Trade, profession, or particular kind of work done, as sightner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as eith mill, saw mill, bank, etc. 10. Date deceased inat worked at this occupation (month and year) gent in this occupation. 12. BIRTHPLACE (CITY OR TOWN) 13. NAME Augustion 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER (ADDRESS) 18. BURIAL CREMATION, OR REMOVAL PLACE (ADDRESS) 20. FILED M. 24. 1337. Mag. Lucy Parcel 21. Signed) 22. Signed) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury. What test confirmed diagnosis? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 19. UNDERTAKER (ADDRESS) 20. FILED M. 24. 1337. Mag. Lucy Parcel (Signed) 21. Signed) 22. Signed) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury. Nature of injury Nature of injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 20. If so, specify city of town, county, and State) 25. FILED M. 24. Was disease or injury in any way related to occupation of deceased? 20. If so, specify city of town, county, and State) 26. FILED M. 24. Was disease or injury in any way related to occupation of deceased? 20. If so, specify city of town, county, and State) 26. Silend M. 18. Was disease or injury in any way related to occupation of deceased? 20. If so, specify city of town, county, and State)	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (QB) WIFE OF Claga Jane Sims	22. HEREBY CERTIFY. That I attended deceased from 1936 to 128 1935. Illastraw hand alive on 1966 20 1937. Death is said to have occurred on the date stated above, at 7/20 Am.
8. Trade profession, or particular kind of work done, as sightner, farmed work was done, as sight will, saw mill, bank, etc. 9. Industry or business in which work was done, as silk will, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and separation). 11. Total time (years) spent in this occupation (month and separation). 12. BIRTHPLACE (CITY OR TOWN). 13. NAME	and the second s	hrs. Daie of oaset
Other contributory causes his importance: 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 18. BURIAL, CREMATION, OR REMOVEL PLACE 19. UNDERTAKER (ADDRESS) (ADDRESS) (Signed) Other contributory causes his importance: Other contr	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Brouchiel Oethwa
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23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OB REMOVAL PLACE Again (ADDRESS) 19. UNDERTAKER (ADDRESS) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury Nature of injury 15. Where did injury occurred in industry, in home, or in public place. 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury Nature of injury Nature of injury (Signed) (Signed) (Address) M. I	13. NAME COLLY OR TOWN PROGRAM	
(ADDRESS) 18. BURIAL, CREMATION, OF REMOVAL PLACE Agency DATE Man. 2, 1937 19. UNDERTAKER (ADDRESS) 24. Was disease or injury in any way related to occupation of deceased? 26 19. UNDERTAKER (ADDRESS) (Signed) (Address) (Address)	15. MAIDEN NAME Paray Roberts 16. BIRTHPLACE (CITY OR TOWN) Pressouri (STATE OR COUNTRY)	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?
20 FILED Mar. 1937 Mrs. Lucy Dorrell (Address) St. Dorsell M.	18. BURIAL, CREMATION, OB REMOVAL PLACE agency DATE Man. 2	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 250
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