

Do not use this space.

1. PLACE OF DEATH

Registration District No. _____

File No

Primary Registration District No.

Registered No.

(No

..St

Ward)

(a) **Residence, No.**

..St.

..Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1863

20. FILED May 14, 1937 B. M. Allindorff

The principal cause of death and related causes of importance were as follows:

What test confirmed diagnosis? *Physical exam* Was there an autopsy? *NO*

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury... *By insect*

Nature of injury 2nd

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify _____

(Signed) Rosemini Prasad M. I.

Christall

Registrar

