NOV 15,1937	BUREAU OF \	BOARD OF HEALTH	35655 Do not use this space.
(a) County	Registration Distr	ict No.	
(b) Township	Primary Registrati	on District No	legistered No. 9232
(c) City	(d) Street No	men J. Phil	eps si
(e) Length of residence in city or tov		occurred in Hospital or Institution, write its s. ds. (f) Howlong in U.S., if of for	
2. PRINT FULL NAME	A WASH I abode, if no street address, write county	So N y or city) St. 13 (If nonresider	nt, give city or town and State)
PERSONAL AND STAT	STICAL PARTICULARS	MEDICAL CERTIFI	CATE OF DEATH
3. SEX 4. COLOR OR RAC	E 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (strike the word)	21. DATE OF DEATH (MONTH, DAY, AND YE	(AR) 9/24 193
male Black	Single		Y, That I attended deceased from
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	100	II.	0
(OR) WIFE OF	0	I last saw h alive on	
6. DATE OF BIRTH (MONTH, DAY, AND YE		to have occurred on the date stated above	ve, at 3 2 m.
7. AGE YEARS MONTE	HS DAYS If LESS than 1 day,hrs.	The principal cause of death and related	causes of importance were as follow
	ormin.	100 . 7.	Date of one
Z 8. Trade, profession, or particular work done, as sawyer, bookkeep		Rune M	10 cardetia
9. Industry or business in which w	ork —		
8. Trade, profession, or particular work done, as sawyer, bookkeep 9. Industry or business in which was done, as saw mill, bank, 10. Date deceased last worked at	11. Total time (years)		
this occupation (month and year)	spent in this occupation.	Jenele De	belity
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)	· mo.	Other contributory causes of importance:	MAN 3
13. NAME CENTER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	aun		
14. BIRTHPLACE (CITY OR TOWN)	Unknown	Name of operation	Date of
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN)	Proun	23. If death was due to external causes (violence), fill in also the following:
0 16. BIRTHPLACE (CITY OR TOWN)			Date of injury, 19
Σ (STATE OR COUNTRY)	mour		city or town, county, and State)
17. INFORMANT: Caty Co.	ptal # 2	Specify whether injury occurred in Indust	ry, in home, or in public place.
18. BURIAL CREMATION, OF REMOV	POATE 10-1-3	Manner of injury	WIVW
19. FUNERAL DIRECTOR	white of Fully	24. Was disease or injury in any way rela	ited to occupation of deceased?
20. FILED	Briteck	(Signed)	enty Coroner
	Local Registrar.	Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

I,	Licensed Embalmer No	
hereby certify that the body recorded on the reverse side of this certification	ficate was embalmed by	
L. E		
Noor by	Registered Apprentice No	
working under my personal supervision.		
· · · · · · · · · · · · · · · · · · ·	C' 1	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

Licensed Embalmer No.....