CIANS should state N is very important.	115,	NOVE 15 193/ BUREAU OF VI	THE THE PARTY OF T
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	St. M.	2. FULL NAME (a) Residence, No	Ward. (If nonresident, give city or town and State) ds. How long in U.S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY. That I attended deceased from the date stated above, at the deceased of the date stated above, at the deceased of the date of the date stated above, at the deceased of the date of death and related causes of importance were as follows: Other contributory causes of importance: What test confirmed diagnosis? What test confirmed diagnosis? Where did injury occur? (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.
N.B.— CAUSE		19. UNDERTAKER / EEMIN ON THE CALL (ADDRESS)/9 /6 CALL ON HOUSE ON THE CALL ON	(Signed) Q Brasher M. D (Address) State N. # 2

