!	NOV 171	937		BUREAU OF V	BOARD OF ITAL STATISTI ITE OF DEATH		Do not use ti	his space.
	1. PLACE OF DEAT  County	ek t	77Lo - (No		n District No. 53	44	File NoRegistered No	***********
	2. FULL NAME	Flora Una	Bel on S		leutine	d	resident, give city or to rign birth?	······································
3.	PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE   5. Single, Married, Wildowso, or Diverge (series the possible of the possible				MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (MONTH, DAY, AND YEAR)			
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CLAS LO. Balksture				MEICHERE		FY That I attend	<del></del>
	DATE OF BIRTH (MONTH AGE YEARS	MONTHS	Dec. 24 Days		to have occurred on The principal cause	of death and rela	bove, at. 5: 3AR m. ted causes of importan	ce were as follows
UPATION	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.						ملار	
12	10. Date deceased last this occupation year)	worked at (month and 9.3.	11. Total t	ime (years) t in this pation	Other contributory c	auses of importan	itilgir	3
FATHER	13. NAME 13.  14. BIRTHPLACE (CITY OF STATE OR COUNTRY)	R TOWN)	. He luku	ath	Name of operation What test confirmed	diagnosis?	Date Was there an	of autopsy?
MOTHER	15. MAIDEN NAME Mary and Sheets 16. BIRTHPLACE (CITY OF TOWN) Wickenson				23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?			
	17. INFORMANT CALLES AND				Manner of injury		ustry, in home, or in pul	······································
	UNDERTAKER (ADDRESS) FILED Och 3/	your well 7 King	DATE VELLEN	ileon no ywlsz Registrar.	If so, specify(Signed)	thu 8	Racklood	203

