NOV 18 1937 1. PLACE OF GRATH County Township City	BUREAU OF \ CERTIFICATION Registration Distr	E BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH rict No. 1111 9 Ion District No. 4 7 6 7	38026 Begistered No
(Usual place of abode) Length of residence in city or town where	death occurred yrs. mos.	Ward. (If no	onresident, give city or town and State) oreign birth? yrs. mos. d
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	MEDICAL CERT	IFICATE OF DEATH
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	Vingle word)	22. I HEREBY CERT	7, to Cot 22 19.7. Death is
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS 55 Th	DAYS If LESS than I day,	to have occurred on the date stated	above, at. A
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Mich	Other contributory causes of importa	
12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY)	land mon		(V)
13. NAME JONES (STATE OR COUNTRY)	Samett Stage	Name of operation 20 0 What test confirmed diagnosis?	Date of Was there an autopsy?
15. MAIDEN NAME Jona T (Breitson 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		Accident, suicide, or homicide?	Date of injury
17. INFORMANT THE LANGUAGE (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL	bakuslifer form one DATE Ost, 24 h 37	Manner of injury	
19. UNDERTAKER (ADDRESS) 20. FILED (0 1 23 1, 1937	DATE OF LT 1931	If so, specify	related to occupation of deceased?

