BUREAU OF V	BOARD OF HEALTH Do not use this space. VITAL STATISTICS ATE OF DEATH	
1. PLACE OF DEATH County County Registration District No. Township Primary Registration District No. Primary Registration District No. Primary Registration District No. Registered No. Registered No. St. Ward) 2. FULL NAME (a) Residence, No. Registered No. St. Ward) Ward. Ward.		
(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident, give city or town and State) ds. How long in U.S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE DIVORCED (write the word) SA. IF MARRIED, WIDOWED, OR DIVORCED (Write the word) HUSBAND OF CORD (OR) WIFE OF CORD	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mark 2 7.1938 22. I HEREBY CERTIEY, That I attended deceased from 1938 to 1938 Death is said Liast saw harmive on 1938 2 7 1938 Death is said	
5. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS Days If LESS than I day,	Other contributory causes of importance: Name of operation. What test confirmed diagnose: Accident, suicide, or homicide? Where did injury occurred in industry, in home, or in public place. Death is said to have occurred and related causes of importance were as follows: Date of my confirmed insurance of injury and State) Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT AMAN ALL MAN	Manner of injury. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? (Signed)	
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