dva tandfor at the strategy

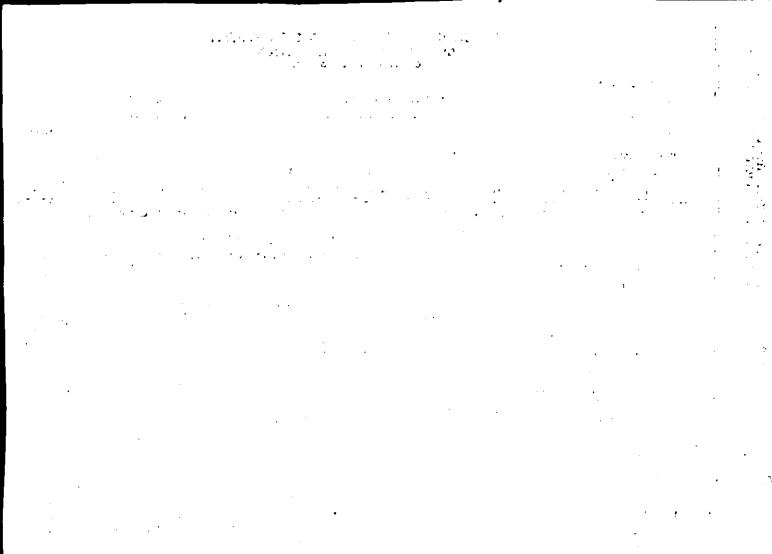
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		BUREA	STATE BOAL U OF VITAL S ERTIFICATE OF		ALL INFORMATION CALLE FOR MUST BE WRITTEN C THIS SUPPLEMENTARY.
1. PLACE County Township	1 4 // .			696 No. 4418-	File No. 9244 Registered No.
2. FULL N		J. Bick			St. Wei
[[(U	sidence, Nosual place of abode) dence in city or town wher		mos. ds.		nonresident, give city or town and State) foreign birth? yrs. mos.
H		TICAL PARTICULAR		MEDICAL CER	TIFICATE OF DEATH
3. SEX 7	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDON DIVORCED (write the wo	WED, OR 21. DAT 22.	E OF DEATH (MONTH, DAY,)	AND YEAR) New 2 3 .19 TIFY, That I attended deceased in
5A. IF MARRIED, W HUSBAND (OR) WIFE	IDOWED, OR DIVORCED OF OF			w b slive of	, to , 19 Death is
[TH (MONTH, DAY, AND YEAR EARS MONTHS	DAYS If LES			d above, at
Z kind o sawye 9. Industry work Saw m 0 10. Date de this o	rofession, or particular f work done, as spinner, r, bookkeeper, etc	.11. Total time (year		Chronic Ne	phritis
(STATE OR CO	(CITY OR TOWN) DUNTRY)				101
	ACE (CITY OR TOWN)		2 7 II	of operation	Date of
15. MAIDEN	15. MAIDEN NAME			nt, suicide, or homicide?did injury occur?(S	Date of injury
17. INFORMANT. (ADDRESS)	6		Manne	r of injury	
18, BURIAL, CRE	18. BURIAL, CREMATION, OR REMOVAL DATE				ay related to Ocupation of deceased?
19. UNDERTAKES (ADDRESS)	ł		If so, s;	pecify Delve	ce Lermen
				Enont	



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