	linke R.
NEC'D LILL 2 2 4025 BUREAU OF V	BOARD OF HEALTH  ITAL STATISTICS ITE OF DEATH  22619 Do not use this space.
(b) Township Classico Colf. Primary Registration	on District No. 5 & 6 3 Registered No.
(If death o  (e) Length of residence in city or town where death occurred yrs. mos	
2. PRINT FULL NAME Jerald Albard (a) Residence No.	465 st
(a) Residence, No. (Usual place of abode, if no street address, write county	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
Female White Infant	21. DATE OF DEATH (MONTH, DAY, AND YEAR)
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19, 19
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/19,1938	I last saw h alive on Death is sai to have occurred on the date stated above, at
7. AGE YEARS   MONTHS   DAYS   If LESS than 1   17   day,	The principal cause of death and related causes of importance were as follows
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and spent in this occupation	
10. Date deceased last worked at this occupation (month and spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) Steele (STATE OR COUNTRY) HO.	Other contributory causes of importance:
I 12. NAME Paul Allard	
13. NAME Paul Allard  14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  17. NAME  18. NAME  19. NAME  19. NAME  10. N.	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME LOUISE Wright 16. BIRTHPLACE (CITY OR TOWN) MUTTY City	23. If death was due to external causes (violence), fill in also the following:
(STATE OR COUNTRY) T'enn?	Accident, suicide, or homicide?
17. INFORMANT MYS Drucilla Wright (ADDRESS) Steele NO.	Specify whether injury occurred in Industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL  PLACE Ht. Zion Cem. DATE 6/7. 1938	Manner of injury Nature of injury
19. FUNERAL DIRECTOR German Undt Co	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED	(Signed) , M. D
	tatement on Reverse Side)
II	

Licensed Embalmer No.

		STATEMENT BY LICE	NSED EMBALMER	ı
I	- • •		, Licensed Embalmer No	
1 1	the body recorded on the		was embalmed by	
No		and the same of the	, Registered Apprentice N	o
		C!	٠	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

2. PRINT FULL NAME	mineral (d) &	UREAU OF V CERTIFICS  Registration Distri Primary Registrati Street No. (If death of Trs. more	on District No. S. 6.3	Do not use this space.  Registered No	
PERSONAL AND	STATISTICAL PARTIC	CULARS	MEDICAL CE	RTIFICATE OF DEATH	
3. SEX	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 6 .1938		
$\frac{1}{2}$	U suf	·	22. I HEREBY CE	RTIFY. That I attended deceased from	
5A. IF MARRIED, WIDOWED, OR DIV HUSBAND OF	/ORCED			5 to	
(OR) WIFE OF			I last saw h alive or	, 19 Death is said	
6, DATE OF BIRTH (MONTH, DA	(Y, AND YEAR)  MONTHS DAYS	If LESS than 1	to have occurred on the data to	ited above, at	
Z . AGE . IEARS	1. 19	day,brs.	The principal cause di-dead, an	Date of onset	
Z 8. Trade, profession, or pa	articular kind of	ormin.			
Z 8. Trade, profession, or pa work done, as sawyer, be 9. Industry or business in	ookkeeper,etc	******************************	N N		
L C was done, as saw mu	j, bank, etc	***************************************	Lunk	nown	
0   10. Date deceased last wor	th and spentin	a this			
O year)	<u> </u>	non	Other contributory causes of imp	7-17-1	
12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)	0		Other contributory causes of imp	fortance:	
<u> </u>		<b>A</b>			
13. NAME					
14. BIRTHPLACE (CITY OR TOWN).			11	Date of	
g 15. MAIDEN NAME	To the second	<del>* '</del>	What test confirmed diagnosis?		
E   I		<u> </u>	11	causes (violence), fill in also the following:	
0 16. BIRTHPLACE (CITY OR TO	(nwo		Where did injury occur?		
		<del></del>	.	(Specify city or town, county, and State) in Industry, in home, or in public place.	
17. INFORMANT		[ *** . , ***** - · · · · · · · · · · · · · · · ·		-	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury		
PLACE	DATE			way related to occupation of deceased?	
19. FUNERAL DIRECTOR			If so, specify		
(ADDRESS)	· ~ C   -	7,	(Signed) (edge 140	Fin Vocal Regulia D.	
20. FILED aug, 26, 191	37 uda Mai	Local Registrar,	(Address) Conses	priville, 1 Moi	
			<u></u>		
11					

