ant	BUREAU OF V	BOARD OF HEALTH	Do not use this space.	
s very import	Han I A Tall	on District No. 5999	File NoRegistered No	
Y. PHYSICIANS should state CUPATION is very important.	City (No. St. Ward)  2. FULL NAME Distribution of Longitude St., Ward.  (a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred 1/6 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
f OCC	Length of residence in city or town where death occurred / yrs. 7 mes. 2 ds. How leng in U. S., if of foreign birth? yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH			
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	3. SEX  4. COLOR OR BACK. 5. SINGLE, MARRIED, WIDOWED, OR DWORKED Write the word)  5. A IF MARRIED, WIDOWED, OR DY ORCED  HUSBAND OF CALES  WILLIAM  OR WIFE OF CALES  WINE WITH WITH WITH WITH WITH WITH WITH WITH	HELD INQUE	IFY, That I attended deceased from 19 — 19 — Death is said	
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) F2-26-18-62  7. AGE YEARS MONTHS DAYS If LESS than 1 day,	to have occurred on the date stated a		
	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		946	
	this occupation (month and spens in this secupation	Other contributory causes of importan	nce:	
	13. NAME SECTLY Coloringtons  14. BIRTHPLACE (CITYOR TOWN) Sout / Low- 0  (STATE OR COUNTRY)	Name of operation	Date of Was there an autopsy?	
	15. MAIDEN NAME SAAN Stuffops.  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)	li .	es (violence), fill in also the following:	
	17. INFORMANT (ADDRESS)  18. BURIAL, CREMATION, OR REMOVED DATE / GT 30 1238	Manner of injury		
	19. UNDERTAKER (ADDRESS)  20. FILED 7 3   38 Gerthur J. Foresteel Registrar.	If so, specify (Signed) (Address) Course of	NBys & No. X. X.	

