| CERTIFICATE OF DEATH  County Department of Destrict No. 30 3 Fibe No. 2248  Township City County County County City of County City City of County City City City City City City City Ci  | ΠΕΘΌ FEB 1 6 1935  |                              | BOARD OF REALIR   |  |
|--|--|------------------------------|---|--|
| 1. PLACE OBATH  County A Count | T 4 1969   |                              |   |  |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED, OR DIVORCED DIVORCED HOUSEAND OF (OR) WHE OF (OR) WHE OF (OR) WHE OF  5. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  7. AGE  8. Trade, profession, or particular factors and off work done, as splaner, eavyer, beokkeeper, etc.  9. Industry or business is which work was done, as silk mill, saw mill, bank, etc.  9. S. Trade, profession, or particular factors and off work done, as splaner, eavyer, beokkeeper, etc.  9. Industry or business is which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (anoth and occupation)  11. BIRTHPLACE (CITY OR TOWN)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. BIRTHPLACE (CITY OR TOWN)  18. BIRTHPLACE (CITY OR TOWN)  19. LIGHT PLACE (CITY OR TOWN)  10. BIRTHPLACE (CITY OR TOWN)  11. BIRTHPLACE (CITY OR TOWN)  12. BIRTHPLACE (CITY OR TOWN)  13. MADEN NAME  14. BIRTHPLACE (CITY OR TOWN)  15. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. MAIDEN NAME  18. BIRTHPLACE (CITY OR TOWN)  19. UNDERTAKER  19. (Address)  | County Aslessed Township City 540  2. FULL NAME (a) Residence, No. (Usual place of abode)  | Registration Distri          | on District No. 6.2.3   | Registered No. Ward                                  |
| Divigects (irrite the world)  5A. IF MARRIED, WIDOWED, OR DIVORCED HUSDAND OF (OR) WIFE OF  5. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  8. Trade, profession, or particular kind of work done, as splanner, saver, bookkeeper, etc.  9. Industry or business in which work was done, as sigh mill, save mill, bank, etc.  10. Date deceased last worked at this occupation (anoth and year)  11. Total time (years)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. BIRTHPLACE (CITY OR TOWN)  19. BIRTHPLACE (CITY OR TOWN)  10. Date of injury.  10. Date of injury.  11. INFORMANT  12. BIRTHPLACE (CITY OR TOWN)  13. MANDEN NAME  14. BIRTHPLACE (CITY OR TOWN)  15. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. BIRTHPLACE (CITY OR TOWN)  19. BURIAL (SEMATION, OR REMOVAL  PLACE  19. UNDERSTAKER  1 |  |                              | MEDICAL CERT  | IFICATE OF DEATH                                     |
| 22. I HEREBY CERTIFY. That I attended deceased HUSBAND OF (OR) WIFE OR |  | SINGLE, MARRIED, WIDOWED, OR | 21. DATE OF DEATH (MONTH, DAY, AN   | D YEAR) / -3/ .19                                    |
| HUSBAND OF  (OR) WHE OF  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  If LESS than 1  Agr, hrs.  or, min.  8. Trade, profession, or particular kind of work done, as spinner, manyer, beokkeeper, etc.  9. Industry or business in which work was done, as skil mill, saw mill, bank, etc. ktod at this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR GOUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR GOUNTRY)  15. MAIDEN NAME  ACCIDENT ON TOWN  (STATE OR GOUNTRY)  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR GOUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL (CREMATION, OR REMOVAL PLACE  (ADDRESS)  19. UNDERTAKER  ADDRESS  19. UNDERTAKER  ADDRESS  18. Signed)  ACCIDENT OR TOWN  DATE  19. UNDERTAKER  ADDRESS  (Signed)  (Address)  | M PART MUNICIPAL DE PRIMARCED  | Singer                       | ·····   | 1 1 2 .  |
| 7. AGE YEARS MONTHS DATS II LESS than I day, hrs. or. min.  8. Trade, profession, or particular kind of work done, as spinner.  9. Industry or business in which saw mill, hank, etc.  10. Date of cocupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME AUGUST OR TOWN)  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME FEAT AUGUSTATION (STATE OR COUNTRY)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT (ADDRESS)  18. BURIAL CREMATION, OR REMOVAL PLACE (LITY OR TOWN)  19. UNDERTAKER CAMPANT (ADDRESS)  19. UNDERTAKER DALL MATER AUGUSTATION (ADDRESS)  19. UNDERTAKER DALL MATER (ADDRESS)  10. ATTER TO AUGUSTATION (ADDRESS)  10. ATTER TO AUGUSTATION (ADDRESS)  10. AUGUSTATION (ADDRESS)  10. AUGUSTATION (ADDRESS)  11. Total time (years)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME AUGUSTATION (ADDRESS)  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME FEAT AUGUSTATION (ADDRESS)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT (ADDRESS)  18. BURIAL (CREMATION, OR REMOVAL PLACE (ADDRESS)  19. UNDERTAKER (ADDRESS)  19. UNDERTAKER (ADDRESS)  19. UNDERTAKER (ADDRESS)  10. AUGUSTATION (ADDRESS)  10. AUGUSTATION (ADDRESS)  10. AUGUSTATION (ADDRESS)  10. AUGUSTATION (ADDRESS)  11. Total time (years)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME AUGUSTATION (ADDRESS)  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME FEAT AUGUSTATION (ADDRESS)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT (ADDRESS)  18. BURIAL (CREMATION, OR REMOVAL PLACE (ADDRESS)  19. UNDERTAKER (ADDRESS)  19. UNDERTAKER (ADDRESS)  19. UNDERTAKER (ADDRESS)  10. AUGUSTATION (ADDRESS)  10. AUGUSTATION (ADDRESS)  10. AUGUSTATION (ADDRESS)  10. AUGUSTATION (ADDRESS)  11. AUGUSTATION (ADDRESS)  12. AUGUSTATION (ADDRESS)  13. AUGUSTATION (ADDRESS)  14. AUGUSTATION (ADDRESS)  15. AUGUST | HUSBAND OF   | 7 0                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                   | 40   |
| 8. Trade, profession, or particular tind of work done, as spinner, sayer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, seemed this occupation (month and year).  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. BIRTHPLACE (CITY OR TOWN)  19. INSURANCE (STATE OR COUNTRY)  10. BIRTHPLACE (CITY OR TOWN)  11. Total time (years)  12. Signature of importance:  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. BIRTHPLACE (CITY OR TOWN)  19. BURNAL (CREMATION, OR REMOVAL  PLACE  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  (Signed)  (Signed)  (Address)  (Address)  (Address)  |  | Mly 13-38                    | to have occurred on the date stated: The principal cause of death and rel | above, atm. lated causes of importance were as follo |
| 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as sellk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (maonth and year).  11. INTERPLACE (CITY OR TOWN).  12. BIRTHIPLACE (CITY OR TOWN).  13. NAME AND   | 7. AGE YEARS MONTHS  | day,hrs.                     | Inanit  | Date of o  |
| Sawyer, bookkeeper, etc.  9. Industry or business in which work was dono, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. BURIAL (CREMATION, OR REMOVAL PLACE (MATION, OR REMOVAL | 8. Trade, profession, or particular kind of work done, as spinner,   | mane)                        | P   | P  |
| 10. Date deceased last worked at this occupation (maonth and spent in this occupation.  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (STATE OR COUNTRY)  18. BURIAL CREMATION, OR REMOVAL  PLACE  19. UNDERTAKER.  (ADDRESS)  10. Date of injury.  Date of injury.  Manner of in | O sawyer, bookkeeper, etc  |                              |   |  |
| 12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. BURIAL CREMATION, OR REMOVAL  PLACE  DATE  DATE  19. DATE  (Signed)  (Signed)  (Address)  (Signed)  (Address)   | 10. Date deceased last worked at this occupation (month and  | spent in this                | Other contributory causes of imports                                      | 106C   |
| Name of operation.  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  State of country?  Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  17. INFORMANT  (ADDRESS)  18. BURIAL CREMATION, OR REMOVAL  PLACE  DATE  DATE  DATE  DATE  19. UNDERTAKER  DATE   | 12. BIRTHPLACE (CITY OR TOWN)  | and make                     |   |  |
| 23. If death was due to external causes (violence), fill in also the following the following state of injury occur?  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. BURIAL (CREMATION, OR REMOVAL  PLACE  DATE  D | <del></del>  | Jannell r                    |   | Ļ  |
| 23. If death was due to external causes (violence), fill in also the following a control of the colored and th | 14. BIRTHPLACE (CITY OR TOWN)  | rdiana,                      |   |  |
| Specify whether injury occurred in industry, in home, or in public place.  17. INFORMANT MANUAL MANUAL Manner of injury.  18. BURIAL CREMATION, OR REMOVAL Mature of injury.  19. UNDERTAKER DATE MANUAL MANU | (SIXIZERO DE LA CONTRACTION DE | Colonia C                    | 23. If death was due to external cau                                      | ses (violence), fill in also the following:          |
| 17. INFORMANT AMELS ASSISTED Manner of injury.  18. BURIAL CREMATION, OR REMOVAL PLACE AND DATE TO DAT |  | manade o                     | Where did injury occur?(Sp  | ecily city or town, county, and State)               |
| 18. BURIAL CREMATION, OR REMOVAL PLACE  19. UNDERTAKER  19. UNDERTAKER  (ADDRESS)  (Address)  (Address)  | 17 INFORMANT James S   | onnelly                      |   |  |
| 19. UNDERTAKER BASSINGS 11 so, specify (Signed) (Jungle (Address))   |  | M- 7                         | Vature of injury  |  |
| 19. UNDERTAKER (ADDRESS)  (ADDRESS)  (Address)  (Address)  | PLACE Union C.   | 273                          | 17 // //  | related to occupation of deceased?                   |
| 7-1 19 (A VA ) (Address)   | 19. UNDERTAKER   | Bland 7                      |   | Jungl.   |
| 20. FILED CO. 19 June  | 20. FILED 2-/ 1939 C   | a Burgenstrar                | (Address)   | land Mo  |

