Consty. Registertion District No. Pile No. Registertion District No. Registered No. Regist	•	BUREAU OF VI	BOARD OF HEALTH Do not use this space. ITAL STATISTICS TE OF DEATH
SIL WARD ON THE CAUSE OF DEATH (MONTH), DAY AND YEAR) S. OCCUPATION OF DECEASED (a) Trade, prolession, or pericular kind of ward. (b) General nature of industry, bankens, or exhaltanease in which employed (er employer) (c) Name of employer 1. BIRTHPLACE (CITY on Topy)) (STATE OR COUNTRY) 1. BIRTHPLACE OF FATHER (A) Top And I BIRTHPLACE OF FATHER (CAUSE OF DATHER) (STATE OR COUNTRY) (STATE OR COUNTRY) (1) MAND OF MATHER (2) MAND OF MATHER (3) MAND OF MATHER (4) MAND OF MATHER (5) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (7) MAND OF MATHER (1) MAND OF MATHER (2) MAND OF MATHER (3) MAND OF MATHER (4) MAND OF MATHER (5) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (7) MAND OF MATHER (8) MAND OF MATHER (9) MAND OF MATHER (1) MAND OF MATHER (2) MAND OF MATHER (3) MAND OF MATHER (4) MAND OF MATHER (4) MAND OF MATHER (5) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (7) MAND OF MATHER (8) MAND OF MATHER	ant.	1. PLACE OF DEATH	11813
SIL WARD ON THE CAUSE OF DEATH (MONTH), DAY AND YEAR) S. OCCUPATION OF DECEASED (a) Trade, prolession, or pericular kind of ward. (b) General nature of industry, bankens, or exhaltanease in which employed (er employer) (c) Name of employer 1. BIRTHPLACE (CITY on Topy)) (STATE OR COUNTRY) 1. BIRTHPLACE OF FATHER (A) Top And I BIRTHPLACE OF FATHER (CAUSE OF DATHER) (STATE OR COUNTRY) (STATE OR COUNTRY) (1) MAND OF MATHER (2) MAND OF MATHER (3) MAND OF MATHER (4) MAND OF MATHER (5) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (7) MAND OF MATHER (1) MAND OF MATHER (2) MAND OF MATHER (3) MAND OF MATHER (4) MAND OF MATHER (5) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (7) MAND OF MATHER (8) MAND OF MATHER (9) MAND OF MATHER (1) MAND OF MATHER (2) MAND OF MATHER (3) MAND OF MATHER (4) MAND OF MATHER (4) MAND OF MATHER (5) MAND OF MATHER (6) MAND OF MATHER (6) MAND OF MATHER (7) MAND OF MATHER (8) MAND OF MATHER	5 5 2 5	County	No. 971. 97
TOUR NAME (a) Editions No. Mathematical Control of the control of	. John	I and the second	11(1) (1) (1) (1)
SA, IF MARKED, WIDOWED, OR DIVORCED SA, IF MARKED, WIDOWED, OR DIVORCED (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. """ B. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, humbers, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR DAYN) (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR DAYN) (STATE OR COUNTRY) 11. BIRTHPLACE (OF FATHER (CHT OY TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. I HERE BY CERTIFY That Mended deceased from	CORD	Car To Caras (No. Cyty) /	Herd)
SA, IF MARRIED, WIDOWED, OR DIVORCED SA, IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF BATTON OF BIRTH (MONTH, DAY AND YEAR) BATTON OF BIRTH (MONTH), DAY AND YEAR) BATTON OF BECEASED (A) Trade, profession, or particular kind of work (b) General nature of industry, humbers, or establishment in which employed (or employer) (c) Name of employer S. BIRTHPLACE (CITY OR DWN) (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR DWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. HERE BY CERTIFY, That Mended deceased from many death occurred, on the date stated above, at. THE CAUSE OF DEATH! WAS AS FOLLOWS: THE CAUSE OF DEATH WAS AS FOLLOWS: THE CAU		12388 John Notine	m'
SA, IF MARKED, WIDOWED, OR DIVORCED SA, IF MARKED, WIDOWED, OR DIVORCED (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. """ B. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, humbers, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR DAYN) (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR DAYN) (STATE OR COUNTRY) 11. BIRTHPLACE (OF FATHER (CHT OY TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. I HERE BY CERTIFY That Mended deceased from			25-
SA, IF MARKED, WIDOWED, OR DIVORCED SA, IF MARKED, WIDOWED, OR DIVORCED (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. """ B. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, humbers, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR DAYN) (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR DAYN) (STATE OR COUNTRY) 11. BIRTHPLACE (OF FATHER (CHT OY TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. I HERE BY CERTIFY That Mended deceased from	PHY PHY PATE	(Usual place of abode)	(If nonresident give city or town and State)
SA, IF MARKED, WIDOWED, OR DIVORCED SA, IF MARKED, WIDOWED, OR DIVORCED (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. """ B. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, humbers, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR DAYN) (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR DAYN) (STATE OR COUNTRY) 11. BIRTHPLACE (OF FATHER (CHT OY TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. I HERE BY CERTIFY That Mended deceased from	IENT PLY. OCCT	·	MEDICAL CERTIFICATE OF DEATH
HUSBAND OF (COP) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than I day, har. 6. CCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. MAIDEN NAME OF MOTHER 14. MAIDEN NAME OF MOTHER 15. Maines, to a stablishment in which employed (or employer) (doration) 16. WHERE WAS DISEASE CONTRETED 17. MAIDEN NAME OF MOTHER 18. WHERE WAS DISEASE CONTRETED 19. DIAM OFERATION PRECEDIDEATHY. Did AM OFERATION PRECEDIDEATHY. DID A	RMAN EXACT ent of		7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
6. DATE OF BIRTH (MORTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 day, hard the control of the co	PE Fed Fed	5A. IF MARRIED, WIDOWED, OR DIVORCED	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. was as follows: 8. OCCUPATION OF DECEASED (a) Trade, prolession, or perituitar kind of work (b) General nature of industry, husiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. WHERE WAS DISEASE CONTRICTED 14. WAS THERE'AN AUTOPSTI. WAS THERE'AN AUTOPSTI. WAS THERE'AN AUTOPSTI. WAS THERE'AN AUTOPSTI. WAS THERE AN AUTOPSTI. WAS THERE AND THE AUTOPSTI. WAS TH	# # # # # # # # # # # # # # # # # # #	HUSBAND OF (OR) WIFE OF	
7. AGE YEARS MONTHS DAYS II LESS than 1 day, has been min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, hasiness, or establishment in which employed (or employer). (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OF TOWN). (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OF TOWN). (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (Sidned). (Sidned)	IS pe	1	
AND STATE OR COUNTRY) B. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, (b) General nature of industry, (secondary) (c) Name of employer 18. WHERE WAS DISEASE CONTRICTED 19. BIRTHPLACE (CITY OR THAN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (Sidned) (Sidned) (Auration) (CONTRIBUTORY (SECONDARY) (Auration) (Auration) (Auration) (Auration) (Auration) (Auration) (Auration) (Auration) (STATE OR COUNTRY) (Sidned)	<u> </u>		THE CAUSE OF DEATH WAS AS FOLLOWS:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CHY O) TOWN (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (Signed) (duration) (SECONDARY) (SECONDARY) (SECONDARY) 18. WHERE WAS DISEAST CONTRACTED DID AN OPERATION PRECEDED DEATH. DATE OF WAS THERE AN AUTOPSYL WHAT TEST CONFIRMED DIAGNOSIST. (STATE OR COUNTRY) (Signed) TO DELLA TO D	<u> </u>		
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CHY O) TOWN (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (Signed) (duration) (SECONDARY) (SECONDARY) (SECONDARY) 18. WHERE WAS DISEAST CONTRACTED DID AN OPERATION PRECEDED DEATH. DATE OF WAS THERE AN AUTOPSYL WHAT TEST CONFIRMED DIAGNOSIST. (STATE OR COUNTRY) (Signed) TO DELLA TO D	E GE	20/33 <u>=</u>	
which employed (or employer) (c) Name of employer (duration) (duration) (duration) (duration) (duration) (duration) (property) (e) Name of employer (for the place of the place o	Z Z	8. OCCUPATION OF DECEASED . O	2.3A 0
which employed (or employer) (c) Name of employer (c) Name of employer (duration) (dur	5 15 C		
which employed (or employer) (c) Name of employer (duration) (duration) (duration) (duration) (duration) (duration) (property) (e) Name of employer (for the place of the place o	Man don	<u> </u>	20 ·
(c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. WHERE WAS DISEASE CONTRACTED 14. WHERE WAS DISEASE CONTRACTED 15. WHERE WAS DISEASE CONTRACTED 16. WHERE WAS DISEASE CONTRACTED 17. NOT AT PLACE OF DEADNITY. DID AN OPERATION PRECEDEDEATH. WAS THERE AN AUTOPSYL. WHAT TEST CONFIRMED PLAGNOSIST. (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. WHERE WAS DISEASE CONTRACTED 14. WHERE WAS DISEASE CONTRACTED 15. WHERE WAS DISEASE CONTRACTED 16. WHERE WAS DISEASE CONTRACTED 17. NAME OF FATHER (STATE OR COUNTRY) 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. WHERE WAS DISEASE CONTRACTED 14. WHERE WAS DISEASE CONTRACTED 15. WHERE WAS DISEASE CONTRACTED 16. WHERE WAS DISEASE CONTRACTED 17. NAME OF FATHER (STATE OR COUNTRY) 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 12. WAS THERE AN AUTOPSYL. (STATE OR COUNTRY) 12. WAS THERE AN AUTOPSYL. (STATE OR COUNTRY) 13. WHERE WAS DISEASE CONTRACTED (STATE OR COUNTRY) 14. WAS THERE AN AUTOPSYL. (STATE OR COUNTRY) 15. WHERE WAS DISEASE CONTRACTED (STATE OR COUNTRY) 16. WAS THERE AN AUTOPSYL. (STATE OR COUNTRY) 17. WAS THERE AND AUTOPSYL. (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED (STATE OR COUNTRY) 19. WAS THERE AND AUTOPSYL. (STATE OR COUNTRY) 19. WAS THERE AND AUTOPSYL. (STATE OR COUNTRY) 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 12. WAS THERE AND AUTOPSYL. (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED (STATE OR COUNTRY) 19. WAS THERE AND AUTOPSYL. (STATE OR COUNTRY) 19. WAS THERE AND AUTOPSYL. (STATE OR COUNTRY)	FAL Iys be j	business, or establishment in	(SECONDARY)
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) WAS THERE AN AUTOPSYT. WAS THERE AN AUTOPSYT. (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE (CITY OF TOWN) (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OF TOWN) (STATE OR COUNTRY) 15. BIRTHPLACE (CITY OF TOWN) (STATE OR COUNTRY) 16. CITY OR TOWN) (STATE OR COUNTRY) 17. DATE OF WAS THERE AN AUTOPSYT. (STATE OR COUNTRY) 18. BIRTHPLACE (CITY OF TOWN) (STATE OR COUNTRY) 19. BIRTHPLACE (CITY OF TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. DATE OF WAS THERE AN AUTOPSYT. (STATE OR COUNTRY) 14. DID AN OPERATION PRECEDENCEATHY. (STATE OR COUNTRY) 16. DID AN OPERATION PRECEDENCEATHY. (STATE OR COUNTRY) 17. DATE OF WAS THERE AN AUTOPSYT. (STATE OR COUNTRY) 18. DID AN OPERATION PRECEDENCEATHY. (STATE OR COUNTRY) 19. DATE OF WAS THERE AN AUTOPSYT. (STATE OR COUNTRY) 10. NAME OF MOTHER 11. BIRTHPLACE (CITY OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. DATE OF WAS THERE AN AUTOPSYT. (STATE OR COUNTRY)		H in the second of the second	
(STATE OR COUNTRY) (STATE OR COUNTRY) (DID AN OPERATION PRECEDED DEATHY. DAYE OF. WAS THERE AN AUTOPSYT. WAS THERE AN AUTOPSYT. (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) WAS THERE AN AUTOPSYT. WAS THERE AN AUTOPSYT. WAS THERE AN AUTOPSYT. (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. MAIDEN NAME OF MOTHER 14. MAIDEN NAME OF MOTHER 15. MAIDEN NAME OF MOTHER 16. MAIDEN NAME OF MOTHER 17. MAIDEN NAME OF MOTHER 18. MAIDEN NAME OF MOTHER 19. MAIDEN NAME OF MOTHER 19. MAIDEN NAME OF MOTHER 10. NAME OF FATHER (CITY OF TOWN) WAS THERE AN AUTOPSYT. WAS THERE AND THE AUTOPSYT. WAS THERE AND THE AUTOPSYT. WAS THE	I SH		18. WHERE WAS DISEASE CONTRACTED
10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY O) TOWN 11. BIRTHPLACE OF FATHER (CITY O) TOWN (State or country) 12. MAIDEN NAME OF MOTHER 13. NAME OF FATHER (CITY O) TOWN 14. Signed) 15. NAME OF FATHER (CITY O) TOWN 16. Signed) 17. NAME OF FATHER (CITY O) TOWN 18. Signed) 19. Signed) 10. NAME OF FATHER (CITY O) TOWN 11. BIRTHPLACE OF FATHER (CITY O) TOWN 12. MAIDEN NAME OF MOTHER 13. Signed) 14. Signed) 15. Signed) 16. NAME OF FATHER (CITY O) TOWN 17. Signed) 18. Signed) 19. Signed) 19. Signed) 10. NAME OF FATHER (CITY O) TOWN 11. BIRTHPLACE OF FATHER (CITY O) TOWN 12. MAIDEN NAME OF MOTHER 13. Signed) 14. Signed) 15. Signed) 16. Signed) 17. Signed) 18. Signed)	pa pa		IF NOT AT PLACE DEADITY.
Was there an autopsys. 11. BIRTHPLACE OF FATHER (CHT OF TOWN) Was there an autopsys. Was there are autopsys. Was there an autopsys. Was there are autopsys. Was there are autopsys. Was there an autopsys. Was there are a there a	s ald		DID AN OPERATION PRECEDE DEATHY DATE OF
State OR COUNTRY) 12. MAIDEN NAME OF MOTHER 12. MAIDEN NAME OF MOTHER 13. 1988 (Address) Celly of Solve Long	, 4g ig	10. NAME OF FATHER 2	Was there an autopsyl.
State OR COUNTRY) 12. MAIDEN NAME OF MOTHER 12. MAIDEN NAME OF MOTHER 13. 1988 (Address) Celly of Solve Long	tion term	11. BIRTHPLACE OF FATHER (CHT O) TOWN	WAAT TEST CONFIRMED DIAGNOSIST
H B 12 MAIDEN NAME OF MOTHER () 1908 (Address) City of Section		(STATE OR COUNTRY)	Nears C. Waster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	쁜 부病	E 12 MAIDEN NAME OF MOTHER	120 20
(5) MEANS AND NATURE OF INJURY, and (2) whether Acombinal, Suicidal,	FI OF H	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	
~	iten BA1	(STATE OR COUNTRY)	A1) MEANS AND NATURE OF INJUST, and (2) whether ACCOUNTAL, SUICIDAL, OF
14. INTORNANT PARTY DATE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIA	P. D.		
(Address) Rest Tras his Tale	Å Ö		11/adjust 1/ 4/2 /
AB 15. (25) William Comment of the c	H. H.		with the state of
FILED 19 19 20. UNDERSTRAKER 20. UNDERSTRAKER 30. OF THE STREET STREET	⊭3	FILES 19 - NUN UV UV NV NV I	ADDRESS 3
1, 1. June 30 8 Man		A SECULIAR S	1.10. June soo Vinger

Hoyun