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MEDICAL CERTIFICATE OF DEATH

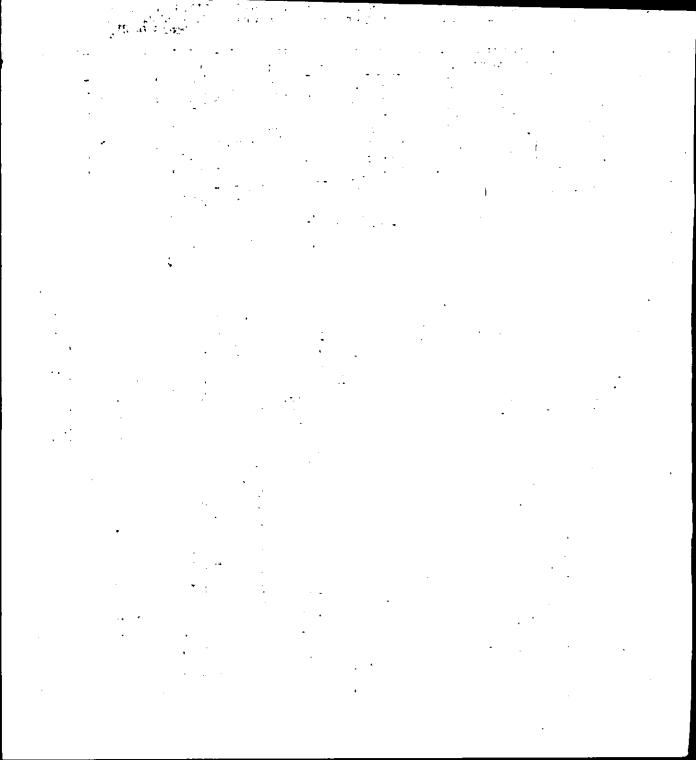
I HEREBY CERTIFY, That I attended deceased from

The principal cause of death and related causes of importance were as follows:

23. If death was due to external causes (violence), fill in also the following:

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? L.



	BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	ALL INFORMATION CA FOR MUST BE WRITTI THIS SUPPLEMENTARY
1. PLACE OF DEATH County County Township Bally	Primary Registrati	· ·	File No2
City	a) Of a	(If no	nresident, give city or town and St
PERSONAL AND STATIST	FICAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AN	
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		I last saw h alive	IFY, That Lattended decear
6. DATE OF BIRTH (MONTH, DAY, AND YEAR 7. AGE YEARS MONTHS	DAYS If LESS than 1 day,hrs. ormin.	to have occurred on the day stated of the principal cause of dealth and rel	ated causes of importance were as
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	11. Total time (years) spent in this occupation	Ather contributory causes of importa	apx with
(STATE OR COUNTRY)		* *	nu xious
H 13. NAME 14. BIRTHPLACE (CITY OR TOWN)		Name of operation	
15. MAIDEN NAME 15. BIRTHPLACE (CITY OR TOWN)	TO I	23. If death was due to external caus Accident, suicide, or homicide? Where did injury occur?(Spe	Date of injury
17. INFORMANT		Specify whether injury occurred in Inc	dustry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL	OATE	Nature of injury	
19. UNDERTAKER		24. Was disease or injury in any way If so, specify	•

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