(a) Residence. No.  (Usual place of abode.)  Length of reidence in city or town where death occurred yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX	Registered No.  (No. 1) A course in a hospital or institution, give its NAME instead of street and number.)  St., Ward.  (If non-resident give city or town and State).  If Data Centrificate of foreign birth.  St., Ward.  (If non-resident give city or town and State).  If Data Centrificate of foreign birth.  St., Ward.  (If non-resident give city or town and State).  If Data Centrificate of foreign birth.  St., Ward.  (If non-resident give city or town and State).  If Data Centrificate of foreign birth.  (If non-resident give city or town and State).  If Data Centrificate of foreign birth.  (If non-resident give city or town and State).  If Data Centrificate of foreign birth.  (If non-resident give city or town and State).  If Data Centrificate of foreign birth.  (If non-resid		County Department of State—Division of Vital Statistics		
City (No. Mark occurred in a hospital or instigation, give its NAME instead of street and number of the control	(No ideals occurred in a hospital or institution, give its NAME instead of street and number.)  St., Ward.  St., Ward.  (If non-resident give city or town and State)  A How long in U. S., if of foreign birth?  Ward  (If non-resident give city or town and State)  A How long in U. S., if of foreign birth?  MEDICAL CERTIFICATE OF DEATH  (Month, day and year)  17 I HEREBY CERTIFY, That I attended deceased from the date stated above at the date occurred on the date	Т	ownship	ANSCRIPT OF CERTIFICATE OF DEATH	
(a) Residence. No.  (Usual place of abode.)  Length of residence in div or town where death occurred yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX	St., Ward.  St., W	v	Illage Vermontville	Registered No	
PERSONAL AND STATISTICAL PARTICULARS  3 SEX	ATISTICAL PARTICULARS  Race 5 Single, Maried, Widowed est Divided (toste) the word of Maried (Month, day and year)  To the CAUSE OF DEATH (Month, day and year)  The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:  (duration) yrs. mos. ds  CONTRIBUTORY (Secondary) (duration) yrs. mos. ds  To the CAUSE OF DEATH* was as follows:  (CONTRIBUTORY (Secondary) (duration) yrs. mos. ds  The CAUSE OF DEATH* was as follows:  (duration) yrs. mos. ds  The CAUSE OF DEATH* was as follows:  (duration) yrs. mos. ds  The CAUSE OF DEATH* was as follows:  (duration) yrs. mos. ds  (duration) yrs. mos. ds  The CAUSE OF DEATH* was as follows:  (duration) yrs. mos. ds  The CAUSE OF DEATH* was as follows:  (secondary) (duration) yrs. mos. ds  The CAUSE OF DEATH* was as follows:  (secondary) (duration) yrs. mos. ds  The CAUSE OF DEATH* was as follows:  (secondary) (duration) yrs. mos. ds  The CAUSE OF DEATH* was as follows:  (secondary) (duration) yrs. mos. ds  The CAUSE OF DEATH* was as follows:  (secondary) (duration) yrs. mos. ds  The CAUSE OF DEATH* or in deaths from Violent Causes, stat (Dimans and Nature) and (Dimans and (Dimans and Nature) and (Dimans and (Diman	2	Joseph Brown	hospital or institution, give its NAME instead of street and number.)	
3 SEX 4 Color or Race 5 Single Maried, Widowed at Drivered (which the word)  All While 5 Single Maried, Widowed at Drivered (which the word)  5a if married, widowed, or alworsered (which day and year)  17 I HEREBY CERTIFY, That I attended deceased for Maried (Month, day and year)  18 I HUSBAND of (or) WiFe of 6  6 DATE OF BIRTH (Month, day and year)  7 AGE Years Months Days II LESS than 1 day. hrs. OR min.  8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. A third of the wish employed (or employer)  (c) Mane of employer (or employer)  (c) Name of employer (c) Remipored (or employer)  (c) Name of employer (c) Remipored (or employer)  (c) Name of employer (or employer)  (grade or country)  10 NAME OF FATHER (harvest for the country)  (State or country)  (State or country)  MAIDEN NAME OF MOTHER (city or town)  (State or country)  AMAIDEN NAME (Signed)  *State the Disease Causino Darre, or in deaths from Violent Causes (Controlled or in deaths from Violent Causes (Controlle	The CAUSE OF DEATH was as follows:    Control of the word	(a	a) Residence. No (Usual place of abode.) ongth of residence in city or town where death occurred yrs. mos.	St., Ward.  (If non-resident give city or town and State.)  ds. How long in U. S., if of foreign birth?  yrs. mos. ds.	
Month, day and year   15   15   15   16   16   16   16   16	THEREBY CERTIFY, That I attended deceased from the case of the control of the control of the control of the case of the control of the case of the cas		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
The Cause of the control of the co	THEREBY CERTIFY, That I attended deceased from the content of the	3	SEX 4 Color or Race 5 Single Married, Widowed ex Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) 4-2/ 193	
Sa ff married, widowed, or theorems Husbando of (or) Wife of Con More of Con M	that I last saw handlive on 1934 and that death occurred on the date stated above at 20 mm that death occurred on the date stated above at 20 mm that death occurred on the date stated above at 20 mm that death occurred on the date stated above at 20 mm The CAUSE OF DEATH* was as follows:  The CAUSE OF DEAT	1	Mal While Widowed		
6 DATE OF BIRTH (Month, day and year.)  7 AGE  Years  Months  Days  II LESS than 1 day	that I last saw handlive on 19.7 and that death occurred on the date stated above at 20. m that death occurred on the date stated above at 20. m The CAUSE OF DEATH* was as follows:  The CAUSE OF D	58	a If married, widowed, or divorced	16 .	
6 DATE OF BIRTH (Month, day and year.)  7 AGE Years Months Days II LESS than 1 day	that death occurred on the date stated above at 20 mm this Days II LESS than I day			4 21 20	
7 AGE  Years  Months  Days  II LESS than 1 day	The CAUSE OF DEATH* was as follows:    The CAUSE OF DEATH* was as follows:   CEASED	6	DATE OF BIRTH (Month, day and year.) april 26 1844	The state of the s	
8 OCCUPATION OF DECRASED  (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 (horney Stone)  11 BIRTHPLACE  OF FATHER (city or town)  (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE  OF MOTHER  OF MOTHER  OF MOTHER  14 Informant  A AMAR AND NATURE OF INJURY, and (2) whether Accidental, or indicate of Burial, CREMATION, Date of Bur	CEASED  CEASED  CONTRIBUTORY  (Secondary)  (Auration)  Contracted  If not at place of death?  Did an operation precede death?  Was there an autopsy?  What test confirmed diagnosis?  What test confirmed diagnosis?  (Signed)  CONTRIBUTORY  (Secondary)  (Auration)  CONTRIBUTORY  (Secondary)  (Auration)  Contracted  If not at place of death?  Contracted  If not at place	7			
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(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 (city or town)  (State or country)  11 BIRTHPLACE  OF FATHER (city or town)  (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE  OF MOTHER  14 Informant  A AMAR AND NATURE OF INJURY, and (2) whether Accidental, or indexts from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, or indexts in formations.)  19 PLACE OF BURIAL, CREMATION, Date of Burial Country, D	CONTRIBUTORY (Secondary)  Where was disease contracted if not at place of death?  Did an operation precede death?  Was there an autopsy?  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  (Signed)  19 Address  *State the DISEASE CAUSING DEATH, OF in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMOGIDAL. (See reverse side for further instructions.)	-		Contrain decorosis	
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which employed (or employer) (c) Name of employer  9 BIRTHPLACE (city or town) (State or country)  10 NAME OF FATHER handy Stone (State or country)  11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER OF MOTHER  14 Informant  15 Accordant  16 CONTRIBUTORY (Secondary)  18 Where was disease contracted if not at place of death?  Did an operation precede death?  Did an operation precede death?  Was there an autopsy?  What test confirmed diagnosis?  *State the Disease Causing Death, or in deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (2) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (3) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (3) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (3) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (3) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (4) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (3) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (4) Means and Nature of Injury, and (2) whether Accidental, or indeaths from Violent Causes (4) Means and Nature of Injury, and (2) whether Accidental, or injury, and (3) whether Accidental injury	CONTRIBUTORY (Secondary)  (Muration)  (Muration)  (Secondary)  (Muration)  (Muration)  (Secondary)  (Muration)  (Secondary)  (Muration)  (Secondary)  (Muration)  (Secondary)  (Secondary)  (Secondary)  (Muration)  (Secondary)  (Muration)  (Secondary)  (Muration)  (Secondary)  (Muration)  (Secondary)  (Muration)  (Mura		particular kind of work. Heliceg Arugan		
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OF FATHER (city or town) (State or country)  What test confirmed diagnosis?  What test confirmed diagnosis?  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Comal. (See reverse side for further instructions.)  14 Informant (A. A. A	What test confirmed diagnosis (Signed)  (Signed)  (Signed)  (19 , Address  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, stat (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homo CIDAL. (See reverse side for further instructions.)  19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVALIA.		7		
Signed   S	(Signed)  19 , Address  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homo CIDAL. (See reverse side for further instructions.)  19 PLACE OF BENOVALIA, CREMATION, Date of Burial OR BENOVALIA.	-	OF FATHER (city or town)	2 00	
13 BIRTHPLACE OF MOTHER (city or town) (state or country)  14  15 BIRTHPLACE OF MOTHER (city or town) (state or country)  16 CIDAL. (See reverse side for further instructions.)  17 PLACE OF BURIAL, CREMATION, Date of Burian Constructions.	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, stat (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homo CIDAL. (See reverse side for further instructions.)  19 PLACE OF BURIAL, CREMATION, Date of Burial OF BERMOVAL.	EN	- Hew engarg	C & IV III - Janalli	
OF MOTHER (city optown) (state or country)  (S	(1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homo Cidal. (See reverse side for further instructions.)  19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL.	AH	OF MOTHER Mary Morphown		
Informant (1.1000 A T CHAVI) OR REMOVAL (1.1	OR REMOVAL,	-	OF MOTHER (city or town)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Hom	
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(Address) / exmon will the T 24/34 handy		14	Informant (1.1)		

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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