MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. Registered No.		GAN DEPARTMENT OF HE	ALIH
Village City (It death occurred in a hospital or institution, give its NAME instead of street and number.) 2 FULL NAME (A) Residence No. (Bush place of abode) Longth of reidension is give town where death occurred yrs. (Bush place of abode) St., Ward. (If non-reideni give city or town and stake) ds. How long in U. S. if of foreign birth? (Month, day and year) FERSONAL AND STATISTICAL PARTICULARS SEX 4 Color or Race 5 True, Martical, Wideward or Diverced (Write the word) Salf married, wildowed or divorced (Gr) Wiff of Julian (Gr) Wiff of Month of Julian (Gr) Wiff of Julian (Gr) Wiff of Wiff (Wiff the word) (Gr) Wiff of Wiff (Wiff the word) (Gr) Wiff of Julian (Gr) Wiff of Wiff (Wiff the word) (Gr) Wiff of Wiff (County 6 de	Division of Vital Statistics	
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