	7 1935		BUREAU OF	E BOARD OF HEALTH VITAL STATISTICS CATE OF DEATH	Do not use this space 6.120	co.
1. PLACE OF DEATH County	retia	CNO.		strict No	File No	***************************************
2. FULL NAME	f abode)	LAT	gul.	(If no	nresident, give city or town and	d State)
PERSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL CERT	IFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (urite the word)				21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 1935		
SA. IF MARRIED, WIDOWED, OR I HUSBAND OF (OR) WIFE OF	DIVORCED	17		I last saw halive on		19
6. DATE OF BIRTH (MONTH, 7. AGE YEARS	MONTHS	74 11 DAYS 3	- /935	to have occurred on the date stated The principal cause of death and rel	above, at	
8. Trade, profession, of kind of work done, sawyer, bookkeep. 9. Industry or business	er, etc sin which			Ovale	Poramen	
work was done, a saw mill, bank, etc 10. Date deceased last this occupation (year)	worked at month and	ii. Total ti speni		Other contributory causes of importa	nce: 16.4	/
12. BIRTHPLACE (CITY OR TOT (STATE OR COUNTRY)	HN) 77/07	Mari	- Co			
13. NAME A ALLA 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				Name of operation		
15. MAIDEN NAME 7/1	auc E	Than	Som	23. If death was due to external caus Accident, suicide, or homicide? Where did injury occur?(Spe	Date of injury	, 19 tate)
17. INFORMANT (ADDRESS)	Hat	lield	//	Specify whether injury occurred in ind Manner of injury	lustry, in home, or in public place	ce.
18. BURIAL, CREMATION, OF	Cem	DATE 27	75	24. Was disease or injury in any way		
19. UNDERTAKER (ADDRESS) 20. FILED 2-15-11	25 H	RADO	esou .	(Signed) (Address) (Address)	leoy Forefia mo	, M. D.

