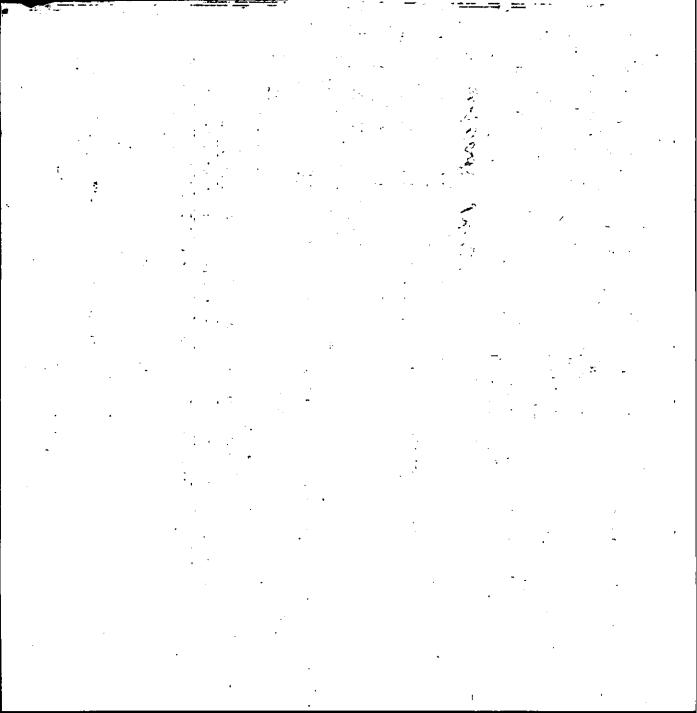
BUREAU OF V	BOARD OF HEALTH Do not use this space. VITAL STATISTICS ALC: O COURSE ALC: O	
1. PLACE OF DEATH 17 1936 County Registration District Primary Registration City (No. 1936)	### No. 5-77 File No. File No.	
2. FULL NAME Gulbert Newton A	Fell	
(Usuai place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident, give city or town and State) . ds. How long in U. S., if of foreign birth? yrs. mos. d	is.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) The word of the word of the word) SA. IF MARRIED, WIDOWED, OR DIVORCED	21. DATE OF DEATH (MONTH, DAY, AND YEAR) See- 13- 193 22. HEREBY CERTIFY, That I attended deceased from 13 - 135 - 136 - 13	rom
HUSBAND OF Rebesca Theel	I last saw home alive on December 1977 Death is	جر said
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/07/15-/855 7. AGE YEARS MONTHS DAYS If LESS than 1 day,	to have occurred on the date stated above, at 3.30 Åm. The principal cause of death and related causes of importance were as followed by the contract of the	_
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and spent in this	Hepalites &	
10. Date deceased last worked at this occupation (month and year) occupation.	Other contributory causes of importance;	······
12. BIRTHPLACE (CITY OR TOWN) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Name of operation Date of	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	What test confirmed diagnosis?	
15. MAIDEN NAME SATAL OI Hall ford 16. BIRTHPLACE (CITY OR TOWN)	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT (ADDRESS) QALIFOX WITH TWO	Specify whether injury occurred in industry, in home, or in public place. Manner of injury	
18. BURIAL, CREMATION, OR REMOVAL PLACE of All Horing DATE 12/15 193	Nature of injury	
19. UNDERTAKED Solland + fritamujes	If so, specity (Signed) Last ton In Grand, M.	 D.
20. FILED 1 - 9 1936 Matilder Kobertinus Registrar.	(Address) Cale forme Mo	=



BUREAU OF Y	E BOARD OF HEALTH FOR MUSTOBE ANAIME SALED VITAL STATISTICS ATE OF DEATH
1. PLACE OF DEATH County Registration Distr Township Registration Distr City (No. 2. FULL NAME Registration Distr (No. (No. (Valual place of abode) Length of residence in city or town where death occurred yrs. mos.	en District No. 5. 7.7. Registered No
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Divorced (write the word) Output Divorced (write the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) LOC 13.193 HEREBY CERTIFY, That I attended deceased from
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	Tlast saw h alive on , 19 , to , 19
7. AGE YEARS MONTHS DAYS IT LESS than 1 days bra. bra. por min.	The principal crape of death and related causes of importance were as follows: Date of onset Date of onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	Do evidence O otamo
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
13. NAME 14. BIRTHPLACE (CITY OR TOWN)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN)	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?
17, INFORMANT (ADDRESS) 18, BURIAL, CREMATION, OR REMOVAL PLACE DATE 19	Manner of injury Nature of injury
19. UNDERTAKER (ADDRESS) 20. FILED - 7 1936 Matical Coherland Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)
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