THE REBY CERTIFY. That I sitended deceased from 19.7.  SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OR (OR) W	<b>5</b>	133		BUREAU OF VI	BOARD OF HEALTH ITAL STATISTICS TE OF DEATH	Do not use this space.
(a) Residence. No. (Usual place of abode) Length of residence in city or lown when death occurred 7 O yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. As. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.) If of foreign hirds yrs. (as. How long in U.S.)	is very important	2	County Maria Lan Begistration District No.  Township Maria Lang (No.  City Clarkshing (No.		District No. 3.3	Registered No
3. SEX  4. COLOR OR RACE  PROJECT (ordin the word)  5. SINGLE, MARRIED, WILDOWED, OR DIVORCED  PROJECT (ordin the word)  5. A. IF MISSEAD, WILDOWED, OR DIVORCED  HUSBAND OF BOTH (MONTH), DAY AND YEAR) OF MARKET (ORDIN MARKET)  6. DATE OF BIRTH (MONTH), DAY AND YEAR) OF MARKET (ORDIN MARKET)  7. AGE  YEARS  MONTHS  DATS  BY LESS than 1  A. OCCUPATION OF DECEASED  (A) Tinde, profession, or puriticists hind of work  (B) General nature of industry, becauses, or establishment in which complying (or employer)  (C) Name of employer  (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 (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMMENT (MARKET)  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  16. COLOR AND OR FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  17. HER E BY CERTIFY, That I stitended deceased from  18. A STATE OR COUNTRY  (Address)  (Address)  (Address)  18. WHERE WAS DISEASE CONTRACTED  (Signed)  18. WHERE WAS DISEASE CONTRACTED  (Signed)  19. PLACE OF BURIAL  (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INCREMENT IN A STATE OR COUNTRY  (Signed)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  (MARKET SINCE OR COUNTRY)  16. DATE OF BURIAL  (Address)  ADDRESS  A DECESSAN  A DECENSANCE  18. WHERE WAS DISEASE CONTRACTED  (Signed)  19. PLACE OF BURIAL  (STATE OR COUNTRY)  (Signed)  10. DATE OF BURIAL  (Address)  A DECENSANCE  (ADDRESS A)  10. MARKET OR COUNTRY  (Signed)  11. WHERE BY CERTIFY, That I stite aded deceased from  11. WHERE BY CERTIFY, That I stite aded beve, at 18. The	DEATH in plain torms, so that it may be properly classified. Exact statement of	200		(a) Residence. No. St., (Usual place of abode)  ength of residence in city or town where death occurred 7 0 yrs. mos.	Ward. (If no da. How long in U.S., if of fo	nresident give city or town and State) nreign birth? yrs. mos. ds.
Solution of Deceased to work of the state of			h	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR PIVORCED (write the word) White Married  Name  1. COLOR OR RACE  1. COLOR OR RACE  1. SINGLE, MARRIED, WIDOWED OR PIVORCED (write the word)  Name  1. COLOR OR RACE  1. COLOR OR RACE  1. COLOR OR RACE  1. COLOR OR RACE  1. DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY A	ND YEAR) 3/28 1929
7. AGE YEARS MONTHS DAYS II LESS than 1 day, brands.  8. OCCUPATION OF DECEASED  (a) Trede, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  (dornation) 9. yrs. day				HUSBAND or (or) WIFE or	that I last saw h alive on	7, to 3, 1927, and that at 9, m.
(a) Trade, profession, or particular kind of work  (b) General nature of indicastry, 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 (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (SIGNED)  16. INFORMANT  (Address)				AGE YEARS MONTHS DAYS II LESS than 1 day,	11 V. A 27	
(c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER (W. H. M. Fashdan  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER According Market (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. (STATE OR COUNTRY)  15. Maiden NAME OF MOTHER (CITY OR TOWN)  16. (STATE OR COUNTRY)  17. MIRTHPLACE OF MOTHER (CITY OR TOWN)  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF DEATH. (D. DATE OF MATHER OF MATHER OF TOWN)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. (STATE OR COUNTRY)  15. MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  16. (Address)  17. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURI		1	8.	(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	CONTRIBUTORY OLD	(duration) 2 yrs. mas. ds.
DID AN OPERATION PRECEDE DEATH. D. DATE OF  10. NAME OF FATHER (M. H. M. Factors  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER Managery Markets  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT MARKETS OF MOTHER (CITY OR TOWN)  15. FILED 3-34, 1927.  16. AND RESS  17. DID AN OPERATION PRECEDE DEATH. D. DATE OF BURIAL  (STATE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  18. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OF MOTHER CITY OR TOWN)  (STATE OF MOTHER CITY OR TOWN)  (STATE OF MOTHER CITY OR TOWN)  (STATE OF FILED 3-34, 1927.  16. AND RESS  17. DID AN OPERATION PRECEDE DEATH. D. DATE OF BURIAL  (Address)  (STATE OR COUNTRY)  (STATE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE		2	9.	(c) Name of employer  BIRTHPLACE (CITY OR TOWN)	18. WHERE WAS DISEASE CONTRACTED	
12. MAIDEN NAME OF MOTHER CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT (Address) Market OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Market OF BURIAL (A		2	7.5	10. NAME OF FATHER (W.H. M. Fooddage  11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WAS THERE AN AUTOPSYT	
(STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.  (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.  (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.  (Address) Migration Of Country Of Cou		^	PAREN	4. 0		
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15. FILED 3.30, 1929 DC Marlin 20. UNDERTAKER ARDRESS			14.		19. PLACE OF BURIAL, CREMATION	0. 2 2-
	CAUS		15.	FILED 3:30, 1929. J. C. Marlin REGISTRAR	20. UNDERTAKER  L. J. J. M.	The state of the s

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11	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH		
1. PLACE OF DEATH County Novillau Regis	. M/c Fadden		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOVED DIVORCED HUEBAND OF	16. DATE OF DEATH (MONTH, DAY AND YEAR)  17.  1 HEREBY CERTIFY That I attended deceased from		
day,	than 1hrsmin.		
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	(duration) yrs mos ds.  CONTRIBUTORY (SECONDARY)  (duration) yrs mos ds.		
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATH		
10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER	WAS THERE AN AUTOPSYT  WHAT TEST CONFIRMED DIAGNOSIST  (Signed) , M. D.  , 19 (Address)		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal.		
INFORMANT	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL		
5 15. FILED 3. 30 1927 Jemes	20. UNDERTAKER ADDRESS		

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