VITH UNFADING INKTHIS IS id be carefully supplied. AGE should be that it may be properly classified. Exact	s very important.	BUREAU OF N	S-20 (-)
	in plain terms, so that it may be properly classified. Exact statem	100	St. Ward) St., Ward. (If nonresident, give city or town and State)
		12. BIRTHPLACE (CITY OR TOWN) 13. NAME Robert Ratcliff 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT (ADDRESS) (Alfan Marion Stork Route 18. BURIAL CREMATION, OR REMOVAL PLACE (FILED NOW 9th 19 32 AMPR benson Registrar.	Name of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury Neere did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury Nature of injury (Signed) (Address) Mannaman M. D. (Address)

