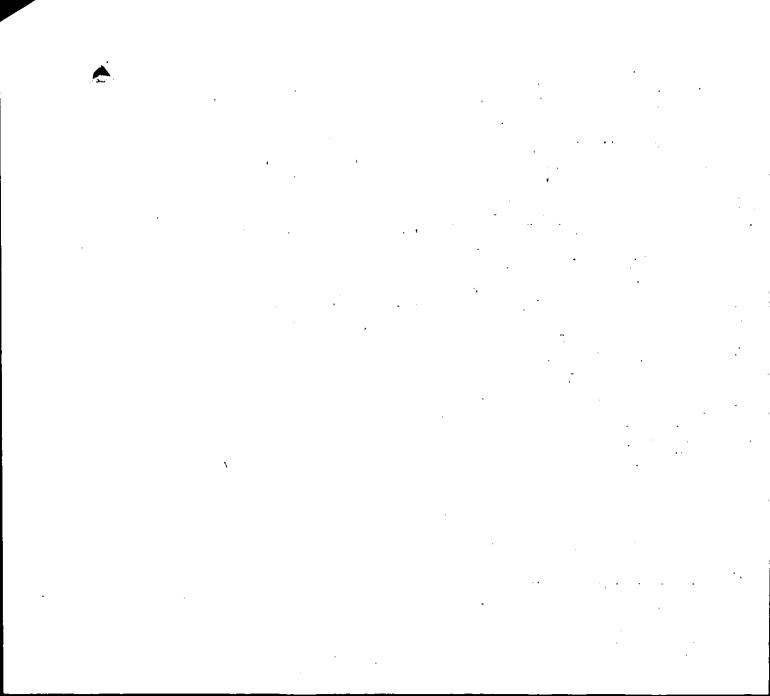
state rtant.	BUREAU OF V	BOARD OF HEALTH ITAL STATISTICS ITE OF DEATH  Do not use this space.  36317
ATION is very impo	1. PLACE OF DEATH  County Montan Registration District  Township Wasserson Primary Registration  City (No.  2. FULL NAME Many Cathering	et No. 576
LY. PI CCUP/	(a) Residence, No	
of O	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
should be stated EXACTLY. PHYSICIANS should state ed. Exact statement of OCCUPATION is very important.	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (prite the weld)  SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  Aug Lov  CR. WIFE OF	21. DATE OF DEATH (MONTH, DAY, AND YEAR) / 0 - / 0 .1938  22. 1 HEREBY CERTIFY, That I attended deceased from 6 - 22193.2 to / 0 - / 0 .1938
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FC / / / / / / / / / / / / / / / / / /	I last saw have alive on 2 - 20 - 19.3.5. Death is said to have occurred on the date stated above, at 4 m.  The principal cause of death and related causes of importance were as follows:
AGE assifie	82 8 9 day,hrs. ornsin.	Arterio solaro sis Date of ouset
upplied. roperly cl	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	
refully nay be	0 10. Date deceased last worked at this occupation (month and spent in this occupation wear) occupation.	Other contributory causes of importance:
—Every item of information should be carefully s SE OF DEATH in plain terms, so that it may be p	12. BIRTHPLACE (CITY OR TOWN) Moretace (0)	
	13. NAME Educard Doggett 9  14. BIRTHPLACE (CITY OR TOWN). Down Know	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME Maluida Eads  16. BIRTHPLACE (CITY OR TOWN) AND	23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?
	17. INFORMANT MAS CHAS THANKS (ADDRESS) Aug to Journal of Personal Charles of Personal	Manner of injury
OF.	18. BURIAL, CREMATION, OF REMOVED  MACEUTICA TO THE DATE 10/// 1938	Nature of injury.  24. Was disease or injury in any way related to occupation of deceased? 200
e, Ď	19. UNDERTAKER SULLAGUES & Fried may EN (ADDRESS) California 100 000 0000	If so, specify Stranger M. D. (Signed) M. D.
KO	20. FILED /0-1 4 19 3.9 The transfer full diegistrar.	505 (Address) ( Way fring! Vice.



	CHECKED IN RED PENCIL.	BOARD OF HEALTH		
rtant.		ATE OF DEATH	36317	
y import to BY LA	1. PLACE OF DEATH	LACE OF DEATH		
ă b	(a) County			
Statement of OCCUPATION is very important.  ARE COMPLETED AS PRESCRIBED BY LAW.	(b) Township Primary Registrati	b) Township House Primary Registration District No. 3273		
N is ver SCRIBE	(c) City			
Z S	(If death occurred in Hospital or Institution, write its name instead of street and number)  (e) Length of residence in city or town where death occurred yrs. mos. ds. (2 How long in U. S., if of foreign birth? yrs. mos. ds.			
20 %	man On their will			
SF	2. PRINT FULL NAME // ANY	me force		
d <b>∑</b> [	(a) Residence, No.	st.		
) I	(a) Residence, No. (Usual place of abode, if no street address, write county	i i	ent, give city or town and State)	
tof C	3. SEX 4. COLOR OR RACE   5. SINGLE MARRIED, WIDOWED, OR	MEDICAL CERTIF	TICATE OF DEATH	
Co	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND	YEAR) 10 - 10 .1238	
	T wind	22. I HEREBY CERTI	FY, That I attended deceased from	
A tat	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF		to, 19	
	(OR) WIFE OF			
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	
ايد ن	7. AGE YEARS MONTHS DAYS If LESS than 1	to have occurred on the date stated ab	ove, at	
	00 day,hrs.	A V	Date of onse	
Issific			Date of onse	
las	8. Trade, profession, or particular kind of House work done, as sawyer, bookkeeper, etc.	4 1		
rly cl	9. Industry or business in which work		.,,	
들은	was done, as saw mill, bank, etc			
ргорег RTIFIC	0 10. Date deceased last worked at this occupation (month and spent in this			
ье ргоре СЕЯТІГ	Ŏ year) occupation occupation			
E C	12. BIRTHPLACE (CITY OR TOWN)	Other contributory causes of importanc	e: •	
an G	(STATE OR COUNTRY)	1/2		
	g	Ť		
hat i FEE	13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)	•	,	
A A	14. BIRTHPLACE (CITY OR TOWN)	1)-	Date of	
ς S	(STATE OR COUNTRY)	-		
in plain terms, s NOT RECEIVE	E I WINDLAND			
o te	15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN)	23. If death was due to external causes	*	
iai F	0 16. BIRTHPLACE (CITY OR TOWN)	.]]	Date of injury, 19	
n pla	(STATE OR COUNTRY)	Where did injury occur? (Specif	y city or town, county, and State)	
<u> </u>	C. WESSELLER	Specify whether injury occurred in indu		
EATH	17. INFORMANT (ADDRESS)			
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
SE OF DEATH in plain term Strars shall not recei		Nature of injury		
6 §	PLACE DATE 19	24. Was disease or injury in any way re	lated to occupation of deceased?	
	19. FUNERAL DIRECTOR	If so, specify		
CAU	(ADDRESS)	(Signed)	speron, M.D.	
ડ હે∥	20. FILED 10/14 1938 Jewell W Shillips	(Address) Califor	sia (m)	
	Local Refisirer.			
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