Township Will American District No. 15 7 2		28	BUREAU OF V	BOARD OF HEALTH ITAL STATISTICS ITE OF DEATH	Do not use this space.	
(a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINKALE MARRIED, WIDOWED OR DIVORCED (crist the word) MANAGED (COLOR OF RACE) 5. SINKALE MARRIED, WIDOWED OR DIVORCED (crist the word) MARRIED, WIDOWED, OR DIVORCED (crist the word) 6. DATE OF DEATH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 days, hrs. or minh 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MANAGED (ALC CERTIFICATE OF DEATH 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 18. WERE BY CERTIFY, That I sitended deceased from that I light saw held. 19. 30. to. 142-7-7-19. 19. 30. to. 142-7-7-7-19. 10. NAME OF FATHER 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MONTHS WAS THERE AN AUTOPSY (Signed) The Country of the wind of work was a posterior of the property of the word of the property of the word of the property of the word. 13. WHERE BY CERTIFY, That I sitended deceased from that I light saw held. 14. Light saw held. 15. DATE OF DEATH (MONTH, DAY AND YEAR) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 18. WERE WAS DISEASE CONTRACTED 19. DATE OF DEATH WAS AS FOLLOWS: (ON Tribution) 19. WHERE BY CERTIFY, That I sitended deceased from the property of the word. 10. NAME OF DEATH (MONTH, DAY AND YEAR) 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WAS THERE AN AUTOPSY (Signed) WAS THERE AN AUTOPSY (Signed) WAS THERE AN AUTOPSY (Signed) WAS THERE AND AUTOPSY (SIGNED AND AU	ا ر (Missilina	Resistration Distric	N 953		
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