1. PLACE OF DEATH  Constr. County Primary Registration District No. 3.477  Township Primary Registration District No. 3.477  Primary Registration District No. 3.188  Registrated No. Registrated No. Registrated No. Registrated No. St. Ward.  (IVI manufactory of town and State)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  A COLOG OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (critis the word)  St. IV MARRIED, WIDOWED, OR DIVORCED  (IVI MARRI	BUREAU OF	E BOARD OF HEALTH VITAL STATISTICS CATE OF DEATH	Do not use this space.
2. FULL NAME  (a) Residence, No. 3. 0. 3. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	County Registration Dist	2210	File No
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	2. FULL NAME Home of Cox  (a) Residence, No. 3.0.3 www. www. (Usual place of abode)	St.,Ward. (If no	nresident, give city or town and State)
Disposed (contributory causes of importance)  5. If MARRIED, WIDOWED, OR DEFORCED (CR) WIFE OF SAUCH E CONTRIBUTION OF SAUCH E		11	-
5A. IF MARRIED, WIDDED, OR DVORCED (CR) WIFE OF SALAGE CONTROLOGY WIFE	DIVORCED (write the word)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  II LESS than 1 day, here or mis.  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 year)  11. BIRTHPLACE (CITYOR TOWN)  12. BIRTHPLACE (CITYOR TOWN)  13. NAME  14. BIRTHPLACE (CITYOR TOWN)  15. MAIDEN NAME  Manuel  16. BIRTHPLACE (CITYOR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL CREMATION, OR REMOVAL  PLACE (LITYOR TOWN)  19. UNDERTAKER  DATE  TO DAYS  II LESS than 1  The principal cause of death and related causes of importance were as folio day, here and so death and related causes of death and rela	5A. IF MARRIED, WIDOWED, OR DIVORCED & CONTROL OF	Nee-/2 193	5, to March 11 , 18
8. Trade, profession, or particular kind of work done, as splaner, flushed work done, as splaner, flushed work done, as splaner, flushed work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME CLUST  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME COUNTRY)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE CLUST OR TOWN, DATE  19. UNDERTAKER  DATE  19. UNDERTAKER  10. Date done of injury  19. UNDERTAKER	7. AGE YEARS, MONTHS DAYS If LESS than 1 day,hrs.	to have occurred on the date stated a	above, at 200 Am.
12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL CREMATION OR REMOVAL  PLACE COUNTRY)  19. UNDERTAKER	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 11. Total time (years)	Myorardit	i (Chronic) 193 Lite Chrone
What test confirmed diagnosis Was there an autopsy?  15. MAIDEN NAME Was there an autopsy?  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT Saudy Country)  18. BURIAL CREMATION, OR REMOVAL  PLACE COLOR TOWN  DATE  DATE  19. UNDERTAKER  Was there an autopsy?  What test confirmed diagnosis Was there an autopsy?  28. If death was due to exterim causes (violence), fill in also the following:  Accident, suicide, or homicide?  Date of injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  Nature of injury  24. Was disease pr injury in any way party to eccupation of deceased?  If so, specify	year) occupation.	Other contributory causes of importal	doe:
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. BURIAL CREMATION, OR REMOVAL  PLACE STATE OR COUNTRY  DATE  19. UNDERTAKER  19. UNDERTAKER  18. MAIDEN NAME  (Specify city or town, county, and State)  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in heme, or in public place.  Nature of injury  Nature of injury  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  10. UNDERTAKER  (ADDRESS)  10. UNDERTAKER  (ADDRESS)  11. If death was due to extern chases (violence), fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in heme, or in public place.  Nature of injury  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  10. If death was due to extern chases (violence), fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in heme, or in public place.  10. VALUE OF INJURY IN ANY PLACE OF INJ	4 14. BIRTHPLACE (CITY OR TOWN)	1 2 %	Date of
Specify whether injury occurred in industry, in home, or in public place.  17. INFORMANT (ADDRESS)  18. BURIAL CREMATION, OR REMOVAL PLACE SUITABLE DATE  19. UNDERTAKER  (STATE OR COUNTRY)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in any way page to occupation of deceased? No occupation of deceased?	15. MAIDEN NAME CMand walton	Accident, suicide, or homicide?	Date of injury, 19
18. BURIAL CHEMATION OR REMOVAL  PLACE SITUATION OR REMOVAL  PLACE SITUATION OF REMOVAL  19. UNDERTAKER COMPANY OF SEAR SITUATION OF COMPANY OF CO	17. INFORMANT Ma Saud Cox	~-   (Spe	cify city or town, county, and State)
19. UNDERTAKER COMSales & Peak! If so, specify.	18 BURIAL CREMATION, OR REMOVAL	Nature of injury	- 2
	19. UNDERTAKER COMPANY FEAK!	If so, specify	Dmith "

