County State Begistration District No. 800 File No. 9 Township State Paris Paris March Collar (No. St. 2. FULL NAME Famos Paris March Collar (Usual place of abode) Registered No. St. Ward. (Usual place of abode)	· · · · · · · · · · · · · · · · · · ·		BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	Do not use this space
(a) Beaddency, No. (Usual place of aboda) Length of residence in Livy or town where death occurred PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED HUSSAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MORTHS DAYS If LESS than I day, hera or min. 8. Trade, profession, or particular kind of work done, as spianer, savyer, beakkeeper, etc. 9. Industry or business in which sav mill, bank, sie sik mill, flowers as we mill, bank, sie sik mill, flowers 12. BIRTHPLACE (CITY OR TOWN) 13. NAME LIST MADEN NAME STATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE MEDIC	Township Leady	fer (No.	Primary Registrati		File No.
3. SEX 4. COLOR OR RACE MISCAND OF CONTROL (Write the word) SA. IF MARRIED, WIDOWED, OR DIVORCED WISEAND OF (OR) WHE OF CONTROL OF BIRTH (MONTH, DAY, AND YEAR) FARS MORTHS AND BY EARS MORTHS BY II LESSS than I day, hard,	(a) Residence, No(Usual place of abode)		S	.,	
DIVORCED (UTITIE the word) DIVORCED (UTITIE the word) SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS JI LESS than 1 days, hre- wind of work done, as agriance, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as agriance, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as agriance, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as agriance, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as agriance, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as agriance, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as agriance, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as all mill, saw mill, bank, etc. 11. Total time (yearn) sopent in this occupation (GTATE OR COUNTRY) 12. BIRTHPLACE (CITY OR TOWN) (GTATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) (GTATE OR COUNTRY) 15. MAIDEN NAME Was there an autop What test confirmed diagnosis? Name of operation What test confirmed diagnosis? Was there an autop 22. If death was due to external causes (violence), fill in also the fo Accident, suicide, or homicide? Date of injury Where did injury occurred in industry, in home, or in public pla 17. INFORMANT ADATE MONTH, DAY, AND YEAR) 18. BURIAL CREMATION, OR REMOVAL PLACE DATE MONTH, DAY 19. ACCIDENT TOWN AND COUNTRY Other contributory cause of death and related causes of importance were to have occurred on the date stated above, at	PERSONAL AND STATI	STICAL PARTIC	CULARS	MEDICAL CERT	IFICATE OF DEATH
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OR WIFE OF (OR) WIFE OF (OR) WIFE OF (OR) WIFE OF (OR) WIFE OF (21. DATE OF DEATH (MONTH, DAY, AN	10 YEAR) man 5
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2-9 /8 5 5 7. AGE YEARS MONTHS DAYS If LESS than 12 day,	SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	Marry	<u>e\$?</u>	Feb 23,193	1k, to man 4
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. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME Search W McCollian 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME Scynthia Nowlink 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT AND COLLIAN 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER		<i></i>		to have occurred on the date stated	above, at 4.3a4m.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which of work was done, as slik 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 Regy W M Colliss (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME Regy W M Colliss 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT AND MARKE SUPPLIES NOWN (STATE OR COUNTRY) 18. BURIAL, CREMATION, OR REMOVAL PLACE REMATION, OR REMOVAL PLACE REMATICAL			day,hrs.	Bo - 1: 0 (P
12. BIRTHPLACE (CITY OR TOWN). SCOULAND MADE STATE OR COUNTRY) 13. NAME Segre W Mc Colland Manner of operation Date of What test confirmed diagnosis? Was there an autop What test confirmed diagnosis? Date of injury. 15. MAIDEN NAME Segrethia Now Park 16. BIRTHPLACE (CITY OR TOWN) CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT Manner of injury occurred in industry, in home, or in public plants (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE Segrethia Date Manner of injury. DATE Man 7 1976 24. Was disease or injury in any way related to occupation of decease If so, specify.	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	Harma 11. Total ti speni	ime (years) t in this		
23. If death was due to external causes (violence), fill in also the form of the following	(STATE OR COUNTRY) 13. NAME Secre 24 14. BIRTHPLACE (CITY OR TOWN)	otland () m cle	llan	()	=
17. INFORMANT AND MOCKETAN Manner of injury 18. BURIAL, CREMATION, OR REMOVAL PLACE LANGE DATE MAN 7 1976 24. Was disease or injury in any way related to occupation of decease in the second secon	15. MAIDEN NAME SCYNTA	ia nowt	erk	Accident, suicide, or homicide?	Date of injury
19. UNDERTAKER Logo moore If so, specify	(ADDRESS)	clellan		Manner of injury	
n FILED MAS 10 19 3/0 154) all 1/ 2/10/16 (Address) James aster The	19. UNDERTAKER Soul	moore moore Bu) die	n 7	(Signed)	related to occupation of decease

