BUREAU OF V	BOARD OF HEALTH  //ITAL STATISTICS ATE OF DEATH  Set No
Township	
City	(If nonresident, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  Male  Male  Lucte  Single Married, Widowed, or Divorced  HUSBAND OF (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  If LESS than 1 day, hrs. or min  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)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME H. Tables Classes  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Man. 10 , 19,3  22. I HEREBY CERTIFY. That I attended deceased from 19,8%, to 19,9%. Denth is said to have occurred on the date stated above, at 10,30 m. P. M. The principal cause of death and related causes of importance were as follows  **Configuration**  Other contributory causes of importance:  Name of operation.  Date of  What test confirmed diagnosis? Classical Was there an autopsy? 22.
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  19. FILE  19. FILE  19. PLACE  19	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?  Where 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  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Riddress)  (Riddress)  (Riddress)

