1. PLACE OF SEATH  Segistration District No.  Primary Registration District No.  Place Seath Section of the Section	27 ISZB		-	STATE		OF HEALTH	Do not use th	nis space.
1. PLACE OF PEATH  Devel 19 1		_	CERTIFICATE OF DEATH				37278	
Transferred No. 1990 St. Word)  2. FULL NAME  (a) Residence No. 1990 St. Word)  (b) Leagth of residence in total or town where death accoursed yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. no. 4a. How had a U.S., if of levelah hards? yes. yes. yes. yes. yes. yes. yes. yes.	1. PLACE	OF DEATH	-		1	11/		_
City Lord Market Market Company (In Market Market Company)  2. FULL NAME  (a) Residence. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1 Taring				2005 -	1 // /	Z.
2. FULL NAME  (a) Residence No. 129  Leagth of residence in city or town where death occurred  72 DOB.  Described of residence in city or town where death occurred  73 DOB.  PERSONAL AND STATISTICAL PARTICULARS  3. SEE  4. COLOR OR RACE  5. SINKLE, MARRIER, Widowed or Byvocking Order the word)  15. DATE OF DEATH (MONTH, DAY AND VEAR)  16. DATE OF BIRTH (MONTH, DAY AND VEAR)  17. AGE  YEARS  MONTHS  18. OCCUPATION OF DECEASED  (a) Trade, preferance, we prefetcher kind of work.  (b) Trade, preferance, we prefetcher kind of work.  (c) Trade, preferance, we prefetcher kind of work.  (b) Name of employer  9. BIRTHPLACE CHTY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMATI  15. PILED (Alderen)  16. STATE OR COUNTRY)  16. STATE OR COUNTRY)  17. INFORMATICAL CREMATION, OR REMOVAL  (STATE OR COUNTRY)  16. STATE OR COUNTRY)  17. AGE  18. BIRTHPLACE OF MOTHER (CITY OR TOWN)  19. BIRTHPLACE OF MOTHER (CITY OR TOWN)  19. BIRTHPLACE OF MOTHER (CITY OR TOWN)  10. NAME OF FATHER  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  15. STATE OR COUNTRY)  16. DATE OF COUNTRY)  17. MARKED OF MOTHER (CITY OR TOWN)  18. BIRTHPLACE OF MOTHER (CITY OR TOWN)  19. JESU CALLER OR MOTHER (CITY OR TOWN)  19. JESU CALLER OR MOTHER (CITY OR TOWN)  10. MARKED OF MOTHER (CITY OR TOWN)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  15. STATE OR COUNTRY)  16. MARKED OR MOTHER (CITY OR TOWN)  17. MARKED OF MOTHER (CITY OR TOWN)  18. WIERE MA AUTOMATE A CREMATION, OR REMOVAL  19. MARKED OR MOTHER (CITY OR TOWN)  19. MARKED OR MOTHER	H 1777	Charles and the second		ary Registration	District No,	100	1	7
THE CAUSE OF BURTH (MONTH) DAY AND YEARS (CR) WIFE OF DECEASED  (a) Track, preferation, or Deceased (a) The Cause of Deceases, or entablishment in which employed (or employer)  (b) Concert enter of industry, beniness, or entablishment in which employed (or employer)  (c) Name of Father (Lichard Father (City on town)  13. BIRTHPLACE (CITY on TOWN)  13. BIRTHPLACE OF MOTHER (CITY on TOWN)  14. Introductation of Mother (City on Town)  15. FILED (1-15, 13, 2, 8) De Damager (1) Control of Deceases)  16. If Menning Wisconday (2) whether Accountral, Stricture, and (2) whether Accountral, Ordered Stricture, and Ordered Stri	City	The contract of	7 0	Til Se			St	Ware
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A. IF MARRIED, WINDWED, OR DIVORCED  (IN) WIFE OF Lecture Friends of the Control	Length of re		h occurred yra	. 1502.	ds.	• • • •		· · · · · · · · · · · · · · · · · · ·
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6. DATE OF BIRTH (MONTH, DAY AND YEAR) AND YEAR	(OR) W		- Frets	ck		h & alive on 1	-0-7- (n	, 192,6, and
7. AGE YEARS MONTHS DATS II LESS than 1 day,	6 DATE OF			150	سلا			
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8. OCCUPATION OF DECEASED  (a) Trade, profession, or perticular kind of work  (b) General patter of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  16. INFORMANT  17. DEACE OF BURIAL CREMATION, OR REMOVAL (DATE OF BURIAL (Address))  18. WHERE WAS DISEASE CONTRACTED  19. BIRTHPLACE OF FATHER (CITY OR TOWN)  (Signed)	11		de	y,hrs.		ulmmang	Liverent	in h
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(State or country)  12. MAIDEN NAME OF MOTHER Mary letton  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT MATCHES OF MOTHER (CITY OR TOWN)  15. FILED//-/5. 19. 28. Oh ABLASSING LOUIS CAUSING IDEATH OF BURIAL (Address)  16. State or country)  17. MEANS AND NATURE OF INJURY, and (2) whether Accidental, out Hosticidal.  18. STATE OR COUNTRY)  19. BEACE OF BURIAL, CREMATION, OR REMOVAL (DATE OF BURIAL (Address))  19. DEACE OF BURIAL, CREMATION, OR REMOVAL (DATE OF BURIAL (Address))  10. DEACH OF BURIAL (Address)  10. UNDERTAKER  10. DEACH OF BURIAL (DATE OF BURIAL (ADDRESS))  11. DEACH OF BURIAL (DATE OF BU	10. NAM	IE OF FATHER Claroft	ew Tri	5	WAS THE	ERE AN AUTOPSY1	*************************************	*************
12. MAIDEN NAME OF MOTHER Mary letton  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT MARKET ACCIDENTAL MARKET ACCIDENTAL, OR HOMICDAL.  15. FILED / -/5. 19. 28. De Address   Address   Address   Address    16. INFORMANT MARKET ACCIDENTAL MARKET ACCIDENTA	y 11. BIR	THPLACE OF FATHER (CITY OF	R TOWN)		WHAT T	EST CONFIRMED DIAGNOSIST		*********
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