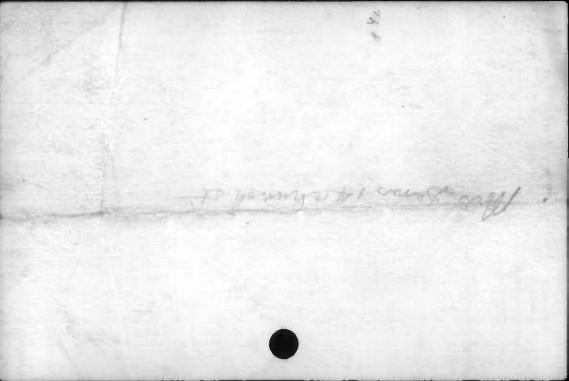
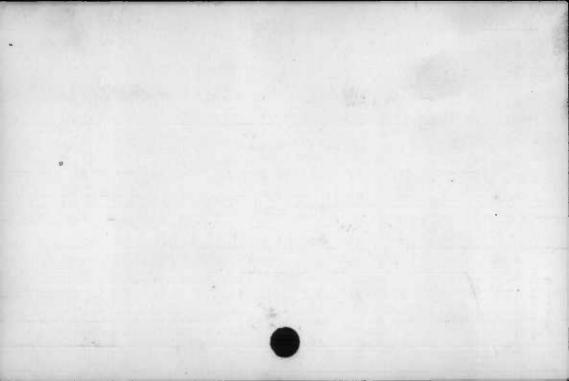
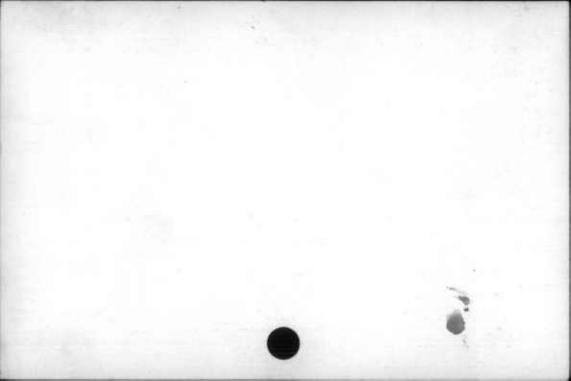
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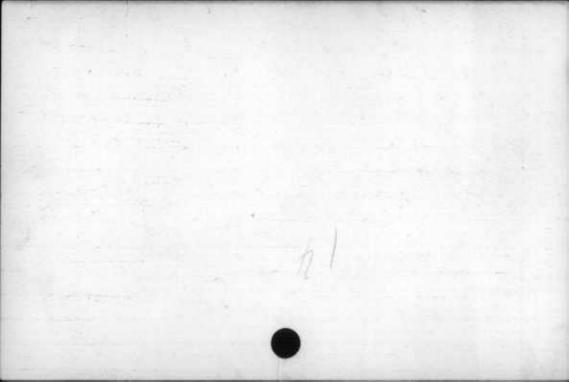
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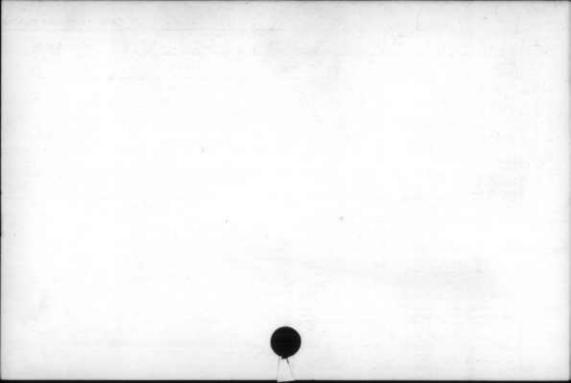
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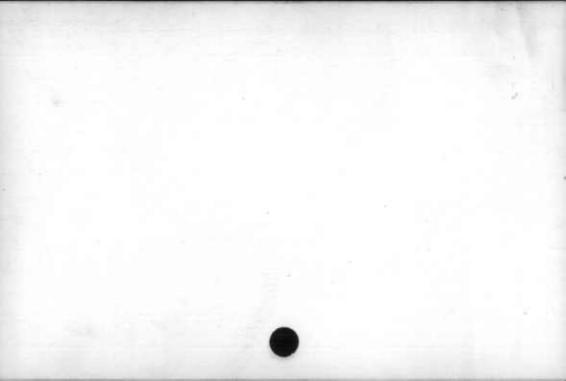


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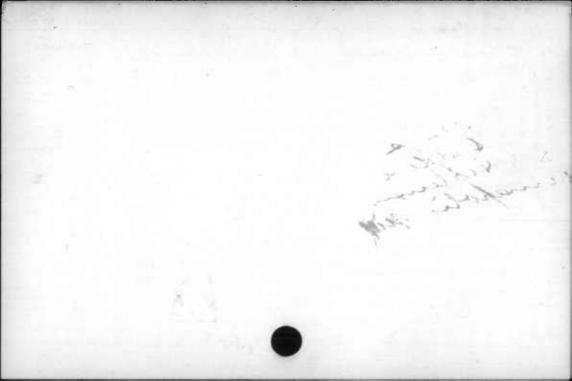


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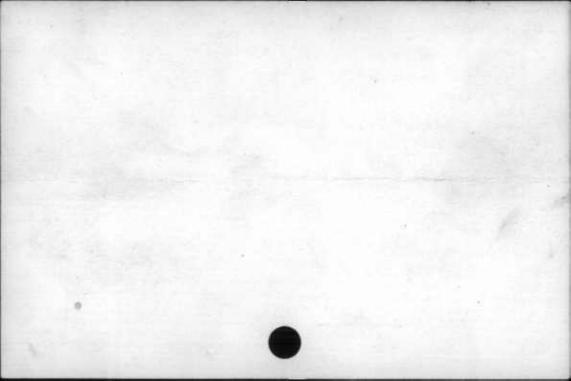
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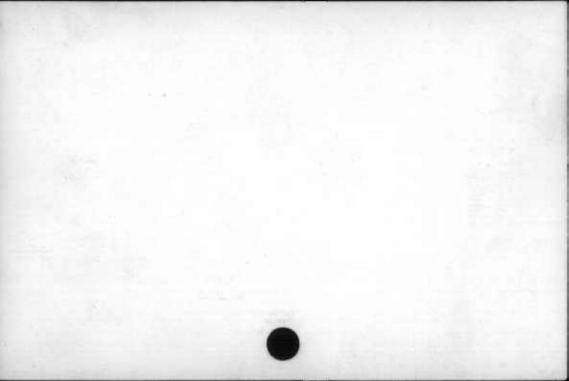
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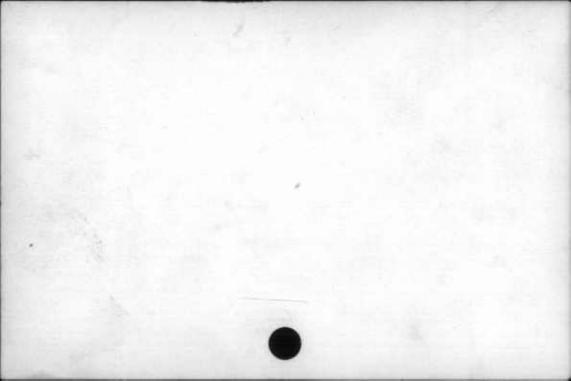
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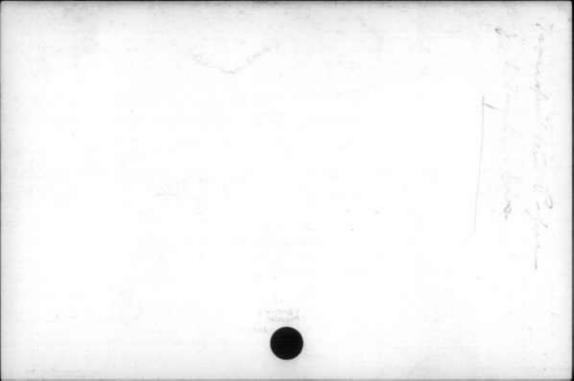
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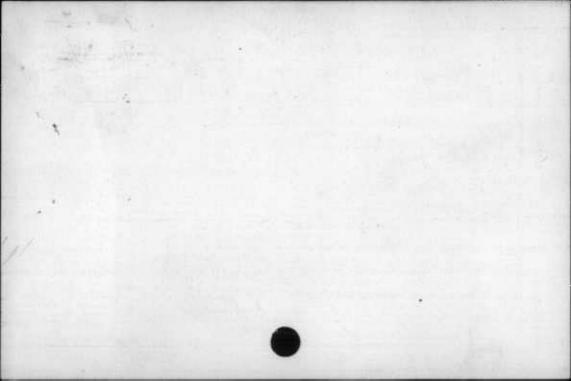
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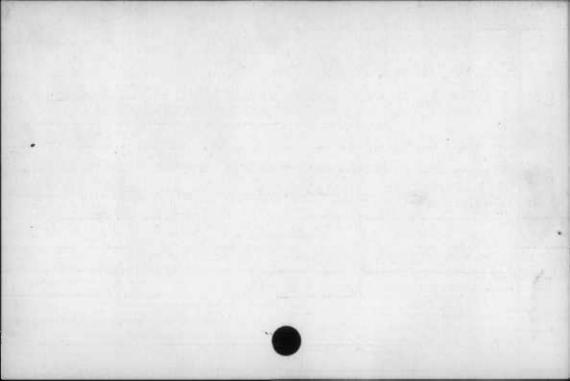
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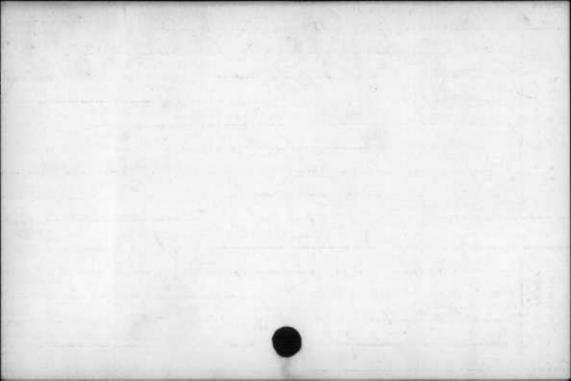
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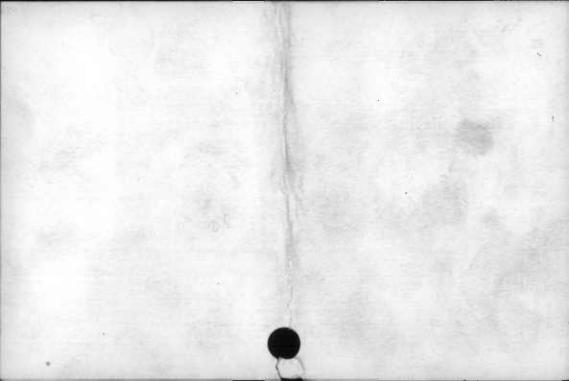
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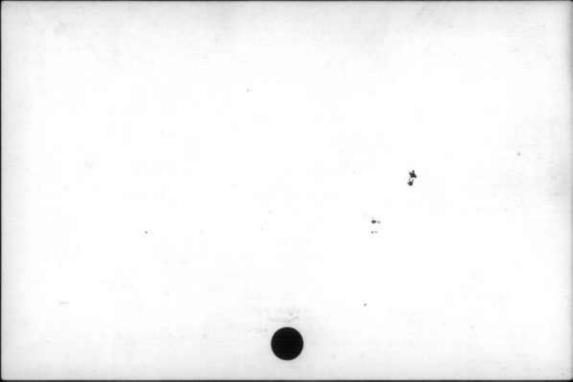
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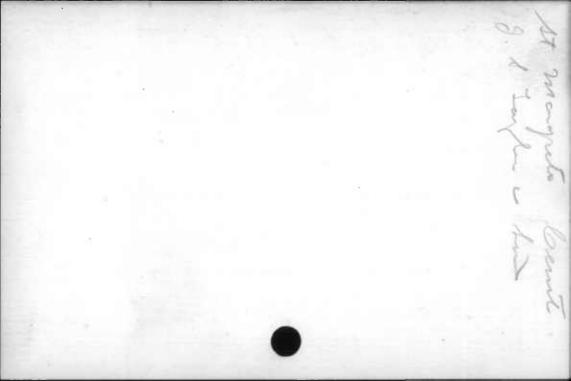
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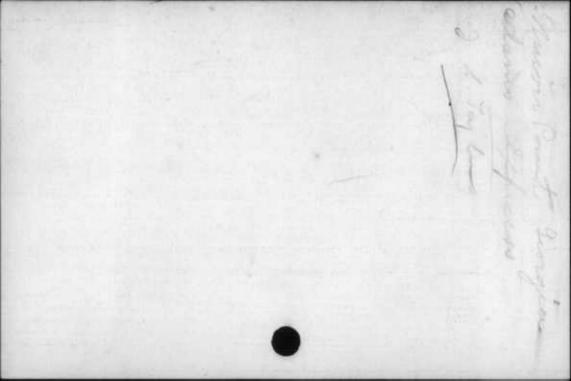
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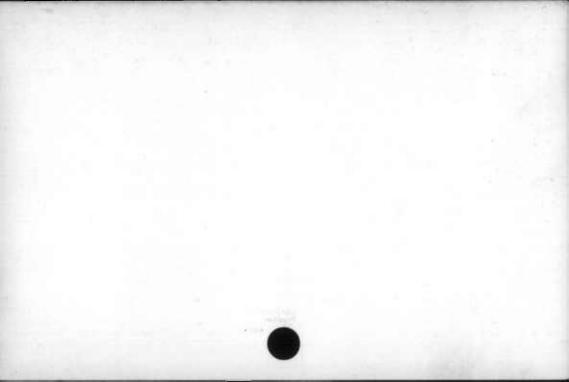
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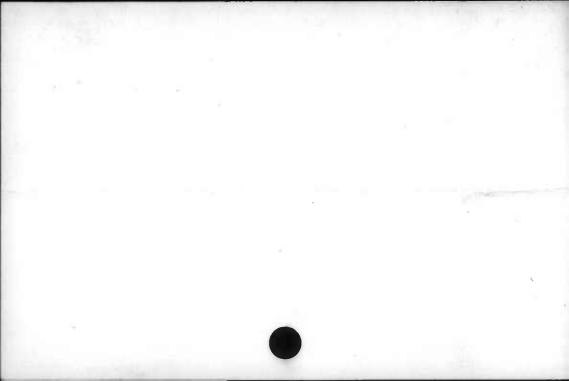
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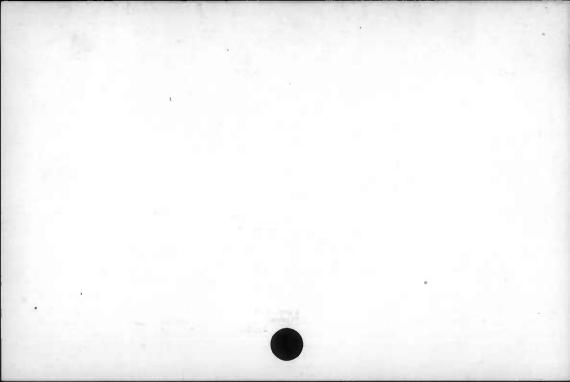
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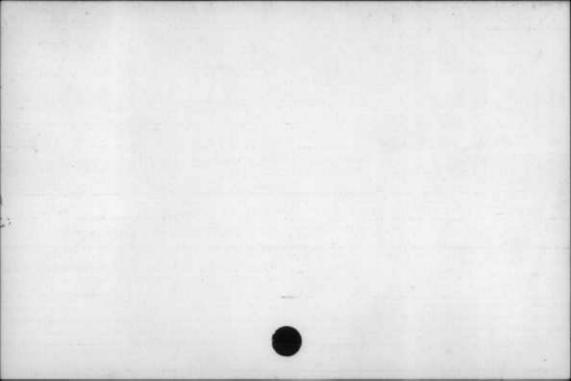
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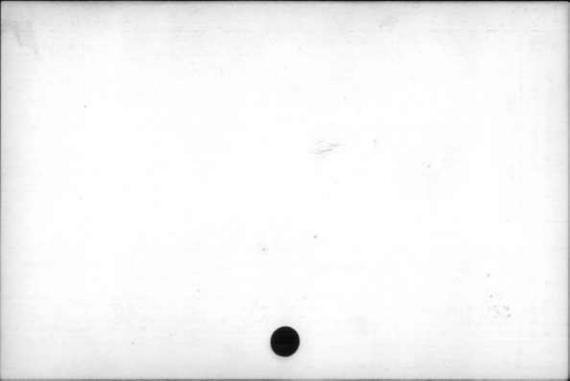
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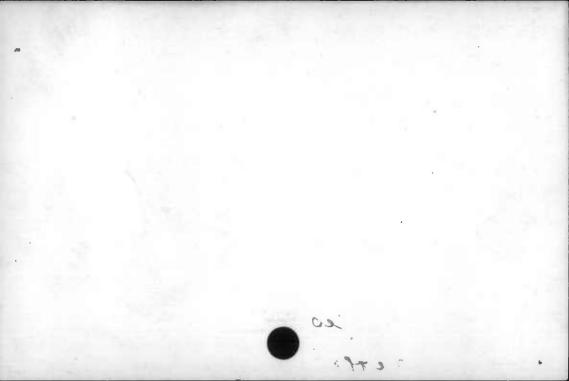
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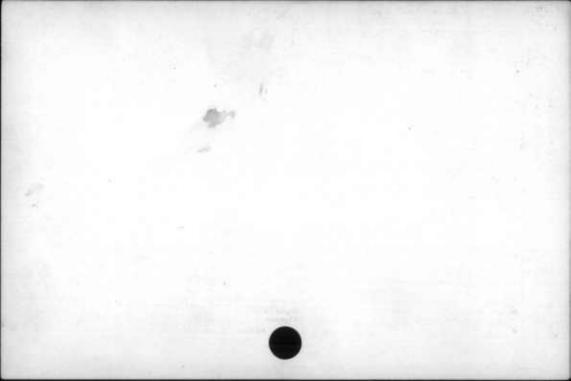
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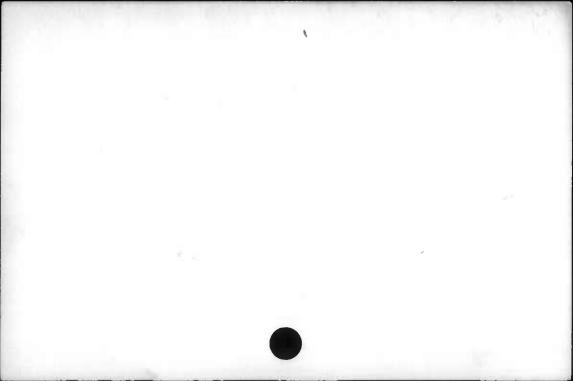


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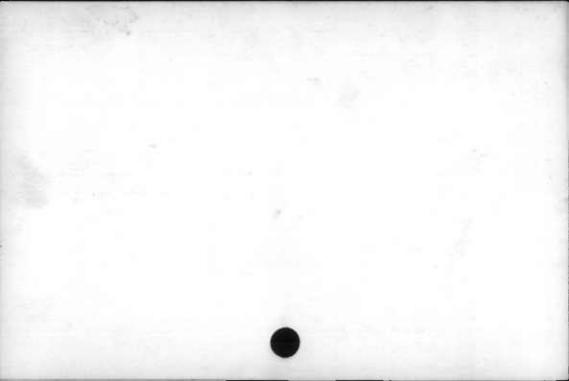


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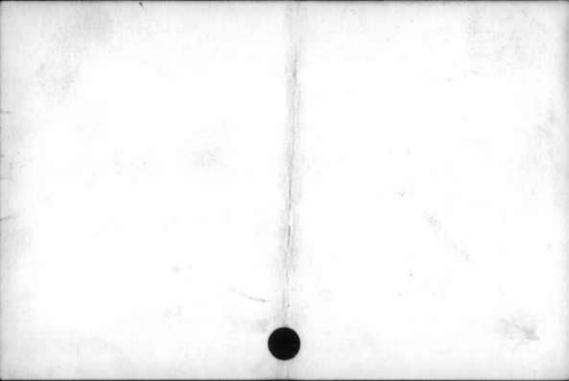
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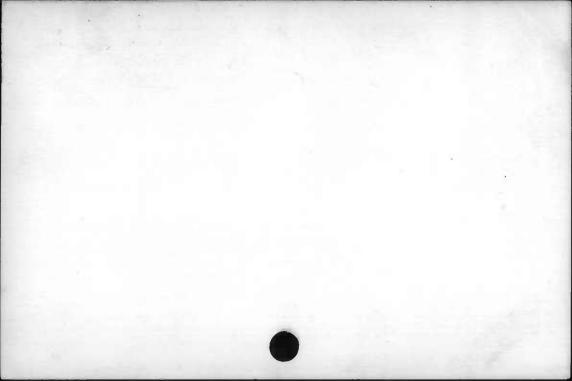
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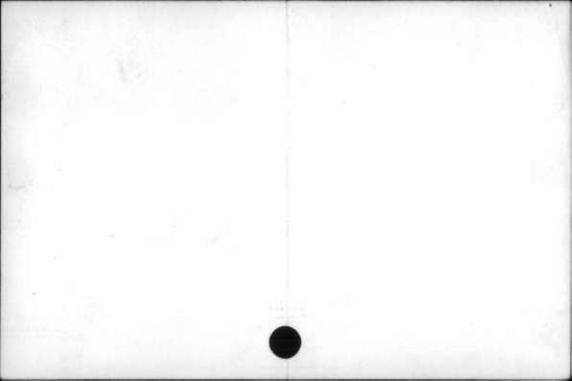
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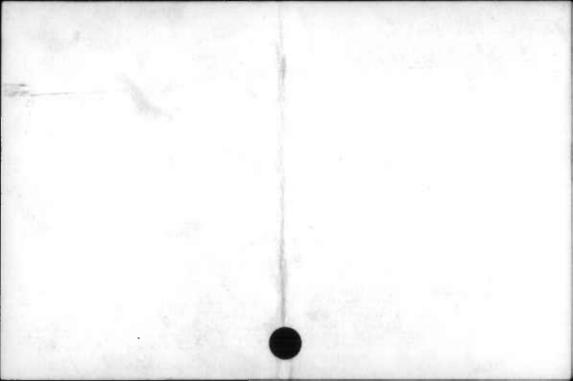
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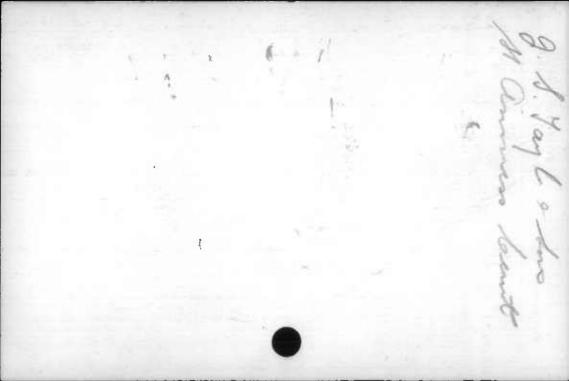
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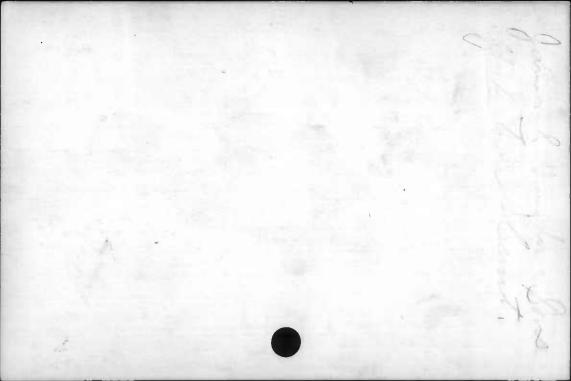
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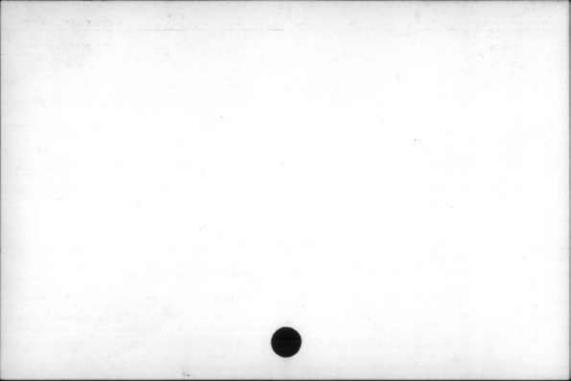
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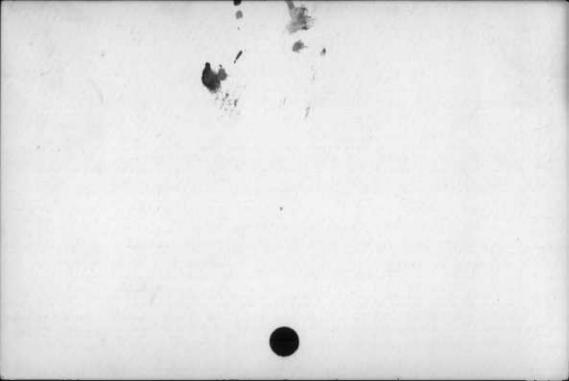
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Name in William Full CERTIFICATE OF DEATH County Carobanille Died at anne arunde MARYLAND Montha Day Years Days Date 23 of death 1900 Age > 9 m 0 Color pr Birth -۵ z alored anne arendes tall lat. 14 Sex Race place ā æ Occupation ш Where Residing if not L. SW at place of death E in z ш Marriad, Single Name of Wife or 4 œ or Widowed 17-le Husband EA lal. m Father's Fathar'a Fathara Birthplace Chunael la z chiam 20 Name Mother's Mother's Birthplackene arundel 6 all laza Maiden Nama How related Nama of person giving to deceased Halles Welliam Information AUSES OF DEATH Primary Pholetas ъ mont œ How long la. PHYSICIAN 6 anation z Immedieta ō 80 Are the name, age, sex, color, date Signature of õ Bellingslather D. Yes Physician lances and placa correctly given above 7 ō CC. requition 3 2 dest. 6.4 Co 0 ho Accidant or Suicide 240 OFFICE SUPPLY CO. 8-20--08

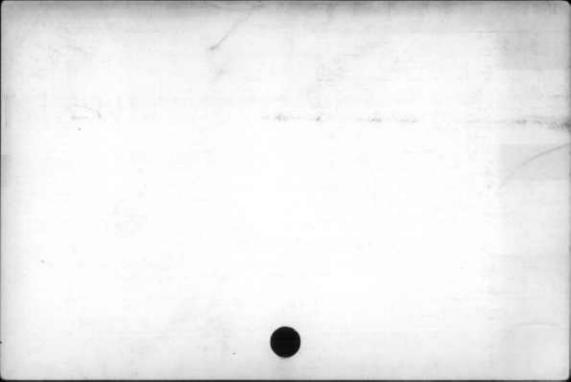


Nante Sec. CERTIFICATE OF DEATH Full County farman nea. Died at Frank MARYLAND Years Months Days Date of death 1 90 0 une Age m 0 Bith Anne Arundel Co hed Color or Race Wheel alal ANSWERED REST FRIEN See Occupation Where Reading if east st place of death Mattleit, Single Name of Wife or Huaharid or Widownd NEAS TO BE Father's 2 mas Father's Birthpince Annu Arundel G/1 orge Mother's Ballemour Mather's Maiden Name Aura Wade Name of person giving Malinda How velated to deceased / Lin CAUSES OF DEATH Primary How lots Prematures days How long CORONER PHYSICIAN Immediate Are the name, sge, sex, color, data Signature of YRS and place correctly given above? Physician Address HO Accident or Stiller? LIBRARY BUREAU ASSESS

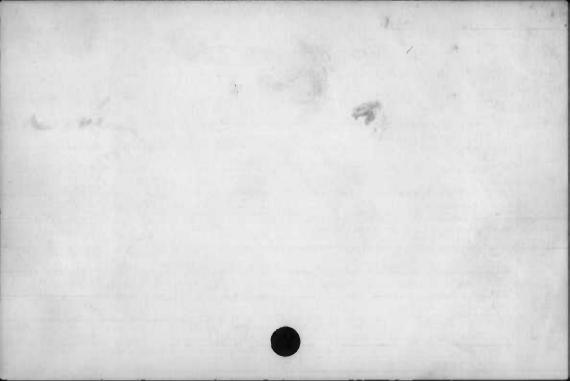


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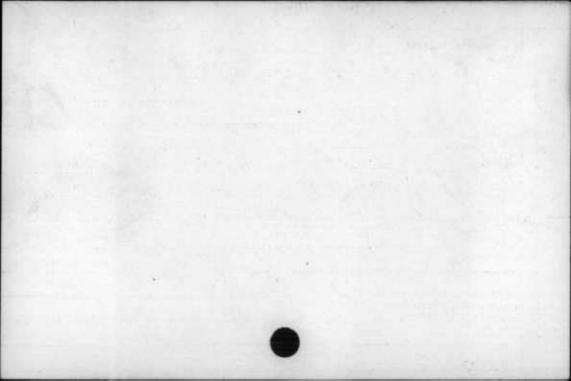
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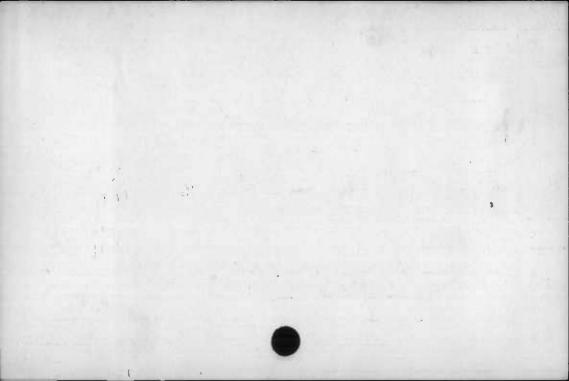
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Name athine 18 the Full CERTIFICATE OF DEATH County Town Died at MARYLAND Month Years Months Date Days of death 190 Age ¥₽ NEAREST FRIEND Color or Rece Birth-TO BE ANSWERED prace Where Residing if not at place of death 11 11 Manied, Slo Name of Wile or Husband as Widgwood Father! Father's Name Birthglace Mother's Mother' Mardon Ne Birtho Name of person giving How'related In formation to deceased CAUSES OF DEATH Primary Eritio OR CORONER How Jong PHYSICIAN Immediate era mp. Are the name, age, sex, color.date Signature of and place correctly given above? Physician Address Accident or Sulcide? LIBRARY BUREAU ASSELS



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HEALTH DEPARTMENT -- GITY OF BALTIMORE SICIANS should OCCUPATION OF CERTIFICATE DEATH PLACE OF DEATH REGISTERED NO. C PHYSICIANS (If death occured in a hospital or Institution. CITY OF BALTIMORE (No WARD give its NAME instead of street and number and 2-FULL NAME fill out No. 18.) of statement (Residence in Baltimore: No. mos EXACTLY. Exact statem MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5-SINGLE. 3-SEX 16 DATE OF DEATH 4-COLOR OR RACE. murres MARRIED WIDOWED 10 OR DIVORCED (Month) (Dav) (Year) (Write the word) ted classified G-DATE OF BIRTH 17. I HEREBY CERTIFY, That I attended deceased from E3 be 1910 191.0 . to. (Year) (Month) (Day) should 7-AGE If LESS than that I saw har alive on .... properly 1 day,.....hrs. and that death occurred, on the date stated above, at. ds. 10 GE The CAUSE OF DEATH\* was as follows: S-OCCUPATION be (a) Trade, profession, or particular kind of work of certificate. may (b) General nature of industry, business, or establishment in which employed (or engloyer) supplied. it. that 9-BIRTHPLACE (State or country) Duration) carefully 30 back .81 Contributory terms, 10-NAME OF FATHER SECONDARY uo Buration) pe plain instructions 11-BIRTHPLACE OF FATHER S (Signed) EN1 should (State or country) - 191 0. (Address) ä R **12-MAIDEN NAME** \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF f information s OF DEATH i tant. See insti A d OF MOTHER HOMICIDAL. **13-BIRTHPLACE** 18-LENGTH OF RESIDENCE (For Hospitals, Institutions, TRANSIENTS, OF MOTHER OR RECENT RESIDENTS) (State or country) At place In the is very important. 14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE B.-Every item of state CAUSE Where was disease contracted. if not at place of death?. (Informant) Former or usual residence ..... 61271 Eden (Address) DATE OF BURIAL **19-PLACE OF BURIAL OR REMOVAL** 15. **20**-UNDERTAKER ADDRESS ż Filed 191. REGISTRAR

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Preork, or At Home, and children, not gainfully emage. occupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, House-"Dealer," etc., without more precise specification, as an additional line is provided for the latter statement. the nature of the business or industry, and therefore tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-6 yrs.). For persons who have no occupation whatcupation at beginning of illness. If retired from busiup on account of the DISEASE CAUSING DEATH, state ocin domestic service for wages, as Servant, Cook, Houseployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, ever, write None. ness, that fact may be indicated thus: Farmer (retired, maid, etc. If the occupation has been changed or given to report specifically the occupations of persons engaged Day laborer, Farm laborer, Laborer-Coal mile worked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," (a) Foreman, (b) Automobile factory. The material Statement of Occupation .-- Precise statement of For many occupations a single word or term on A .....

Statement of Cause of Death.--Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculons of lungs,

> tory." of ing from childbirth or miscarriage, as "PUERPERAL sepanition," "Marasmus," "Old age," "Shock," "Uramia," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease tory (secondary or intercurrent) affection need not be ease; Chronic interstitial nephritis, etc. Measles; Whooping cough; Chronic valvular heart disavoid use of "Tumor" for malignant neoplasms); meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., if impossible to determine definitely. Examples: Accifor which surgical operation was undertaken. For violent beates state MEANS OF INJURY and qualify as tichaemia," "PURRPERAL peritonitis," etc. State cause tained as the cause. Always qualify all diseases result-"Exhaustion," "Heart Failure," "Hæmorrhage," "Debility" ("Congenital," "Senile," etc.), "Dropsy," matic), "Atrophy," "Collapse," "Coma," "Convulsions," ditions, such as "Asthenia," "Anamia" merely symptoto ds. Never report mere symptoms or terminal conas fracture of skull, and consequences (c. g., sepsis, dental drowning; Struck by railway train-accident; "Weakness," etc., when a definit, disease can be ascertetanus) may be stated under the head of "Contribubolic acid-probably suicide. The nature of the injury. Revolver wound of head-homicide; Poisoned by car-ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, -(name origin; "Cancer" is less definite; The contribu-"In-

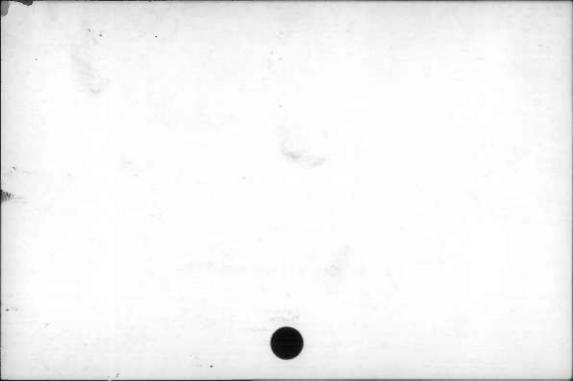
Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

tbortion,	Haemorrhage, Meningitis, Philebitis,	Meningitis,	Phiebitis,
ellulitis,	Gangrene,	Miscarriage, Pyaemia,	Pyaemia,
hildbirth,		Necrosis,	Septicaemia,
onvulsions, Erysipelas,	Erysipelas,	Peritositis, 7	Tetanus,

The following must be referred to a Coroner: Deaths due to accident (if criminal negligence pos-

Deaths due to accident (if criminal negligence possibly involved): Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly due to the same.

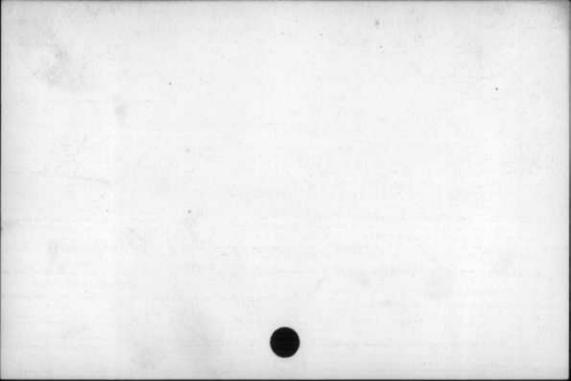
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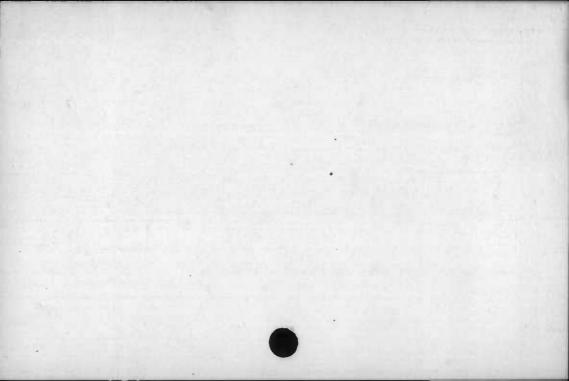
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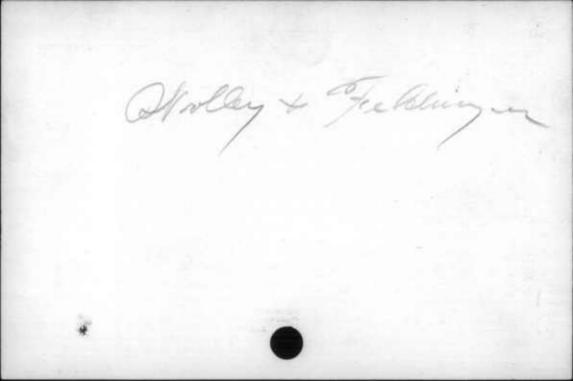
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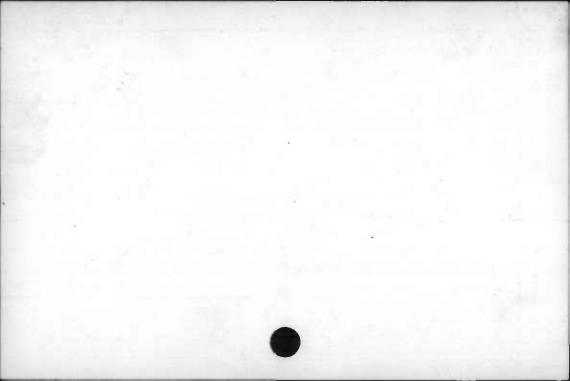
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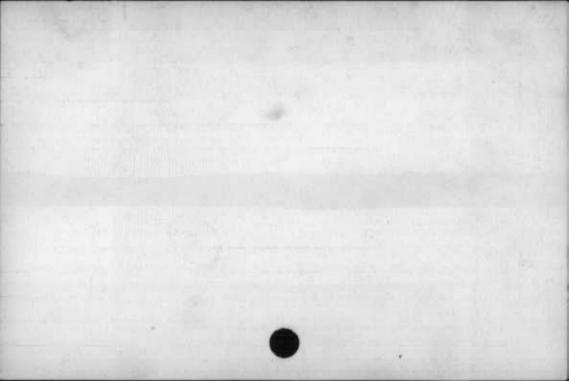
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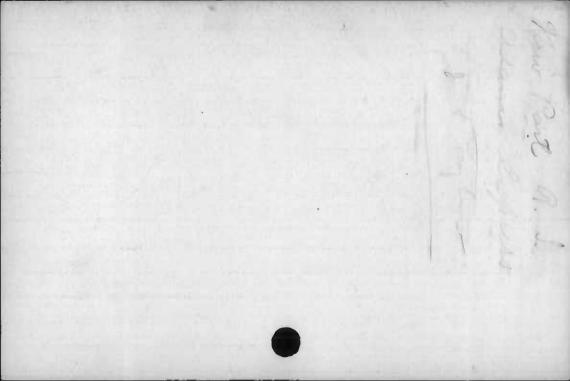
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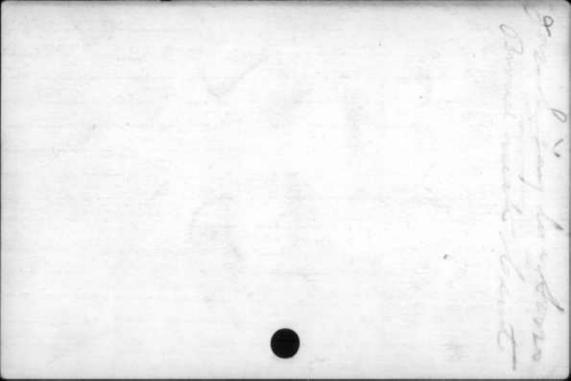
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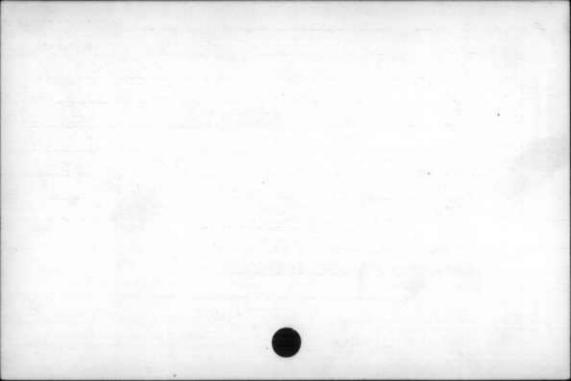
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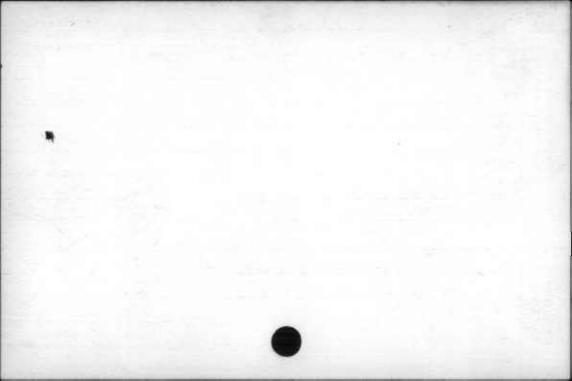
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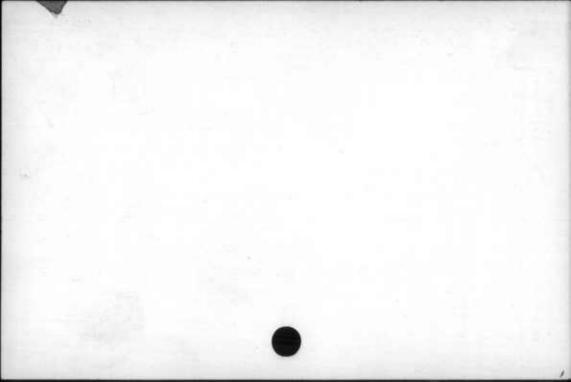
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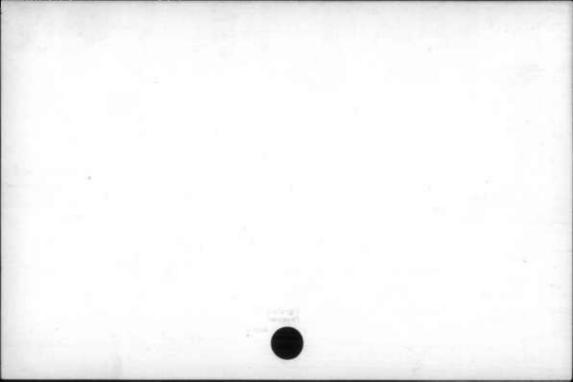
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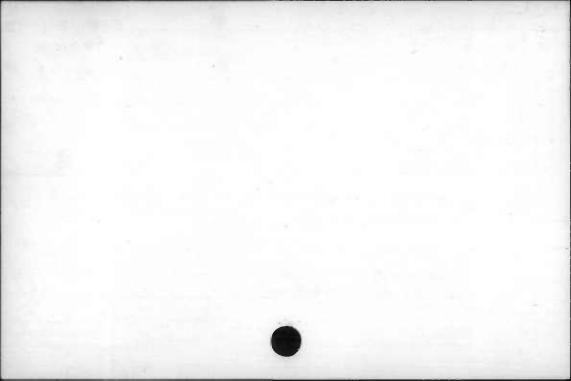
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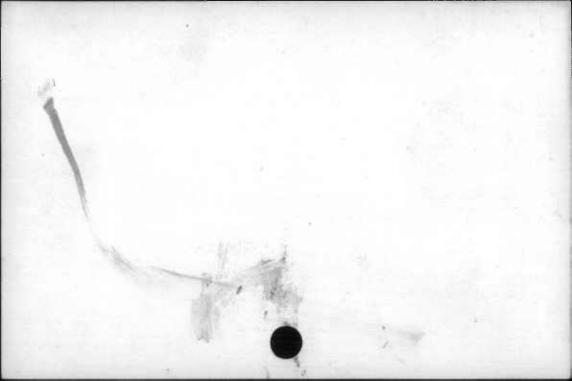
Name na. Norris CERTIFICATE OF DEATH Fuli anne arunde innals MARYLAND **Died** at Month Dav Monthe Devs Date 62 Age of death 1900 'n 0 Birth-D 3 z Color or Whit. les duralle Pa DIACE 61 Sex Hace CC 1 ī U.S. n., Retd Where Residing if not et place of death Occupation NSWE Juan L. E in Married, Single Name of Wife or n. norris L. ٩ mars m or Widowed Husbend ы 4 m E.I Father's Father's not Z not Birthplece 0 Name Mother's Mother's Birthplace Maiden Name 10 n.E. & Name of person giving How releted Information to deceased CAUSES OF DEATH Primary Lun œ 14 PHYSICIAN NO Immediate õ Are the name, age, sex, color, dete Signature of Ö and piece correctly given above? Physician Ü Address 00 0 naval acaden Accident or Suicide



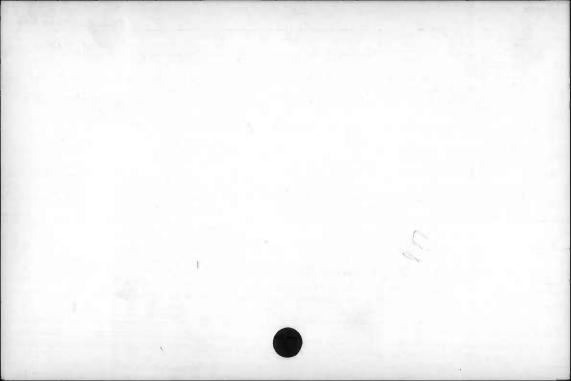
Name Laura Frances CERTIFICATE OF DEATH Ful County Town Died at mea Mc Cuthensville anne arundel MARYLAND Day Years Months Days Date of death 1900 June Age 10 28 Birth-Color or z Colored Sex Female place anne arundel le. Race لعا L. ã NSWER Occupation Whare Residing if not Ŀ. School gurt at place of daath F in Married, Single Single. -Name of Wife or 4 œ, Husband ial. ₹ 00 h Father'a Father's Leorge Birthplace Cenne arundel 6 z Ostorne 20 Name Mother's Mother's Maiden Name Mary Pack Birthplace anne arundel lo Name of person giving How related Leander Bittins to deceased Friend Information CAUSES OF DEATH How long Primary 1 months Pulmonary Jutercularis V 12 How Jong ۱u PHYSICIAN Pulmonary Hemoupage z Immadiate 0 ž Are the name, age, sex, color, data Signature o Physician S. Beelingsley 0 lames Ter and place correctly given above ? ú E. Cha/on õ Accident or Suicide 100 OFFICE SUPPLY CO. 6-20--09



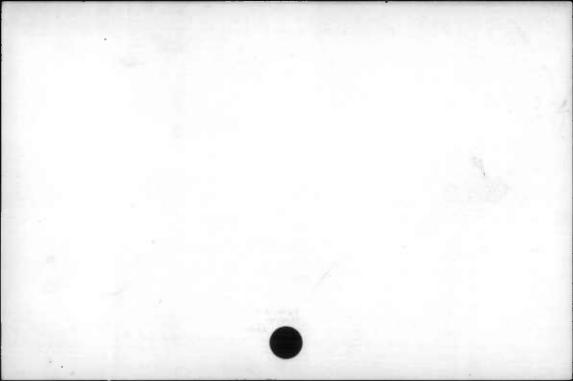
Name in Full CERTIFICATE OF DEATH Town County V MARYLAND de Died at Day Years Months Days Date 9 Age 190 (1 Bγ of death RIEND Colorec Color or Birth-ANSWERED Sax place Raca Occupation Whera Residing if not ١., at placa of daath EAREST Marriad, Single Name of Wife or or Widowed Hyshand TO BE Father's Father's ž Birthplace Numa 440 Mother's Mother's Maiden Name Birthplace. Name of person giving How related Information to decensed other mon CAUSES OF DEATH Primary æ PHYSICIAN CORONE Immediate Are the name, age, see, color, dute Signature of Physician and place oppectly given above? Address BO Applident or Suidide FICE SUPPLY CO. 2384



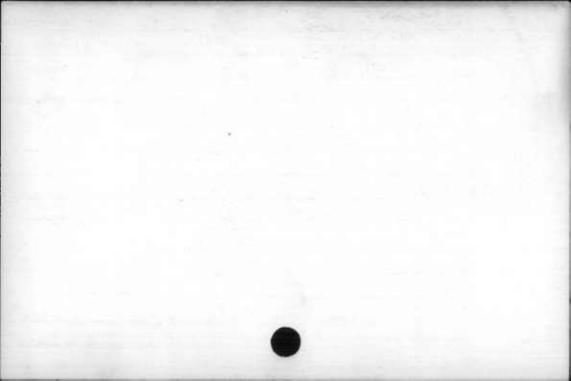
Name Tallings. County Ella Bellingslea Died at La/Ce Shore Full **CERTIFICATE OF DEATH** anne arundel MARYLAND Montha Day Dave Date al death 1900 Age 30 une ۵ Color or Birthz sex Fernale Whit NSWERED anne arundel 14 Rate place or of Occupation Where Reeiding if not L. at place of death E in Married, Single Name of Wife or 14 4 Single. 00 or Widewed Husband 38 EA Thomas Stallings Fether's Father's Birthplace anne arundel Co. Z To Name Mother's Mother's Jarak Elison Birthplace armadel Ca Maiden Name How related Name of person giving Shome Stallings to deceased Father Information CAUSES OF DEATH Primery How Jon Detelety (angenetal Hom 00 **Ini** PHYSICIAN earshoed z Immediate Ö OR Signature of Are the name, age, aex, color, date 4-00 Bellingster h. D amy V end plece correctly given above ? Physician Ö BO Cloaton Tho Accident or Sulcide OFFICE SUPPLY CO. 8-20--08



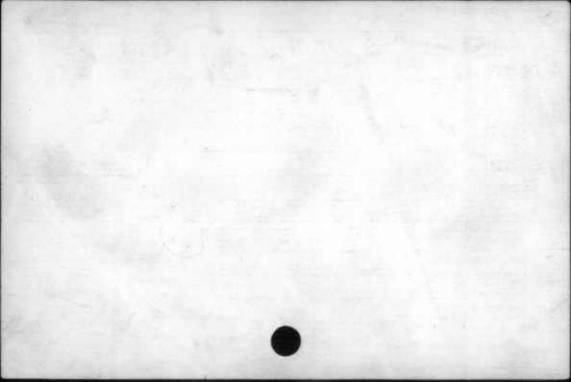
Name in John Thomas Stalines Full CERTIFICATE OF DEATH Eme Council MARYLAND Died at Dav Years Months Date Age of death 1901 ž 0 Birth-0 z Color or E place Conne alunto Sex Race ANSWER Occupation C. Where Residing if not ii. at place of death FS Ĩ. Married, Single Name of Wife or Ē or Widowed lingle Husband U B • ш Father's Father's Z Elma Stallingr Birthplace Cabrett Cinaty 20 Name Mother's Mother's Birthplace Cabrett County Maiden Name Maccie Herrall How manted Father Name of person giving Elma Stullings Information CAUSES OF DEATH Primary mick of sen redung œ How lon ш PHYSICIAN z ō Are the name, age, sex, color, date Mes ē. Haclaur Signat Currad has ō and place correctly given above? O Wish River Address œ 0 M Accident or Suicide /U OFFICE SUPPLY CO. 2364



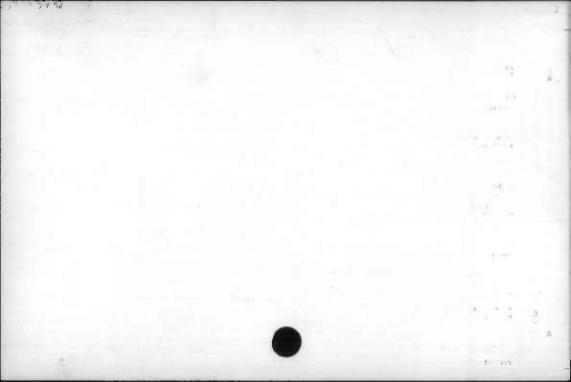
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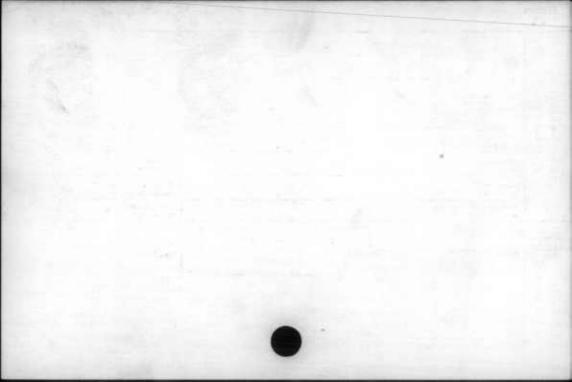
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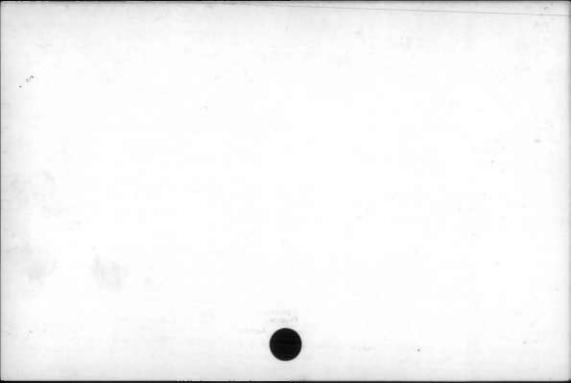
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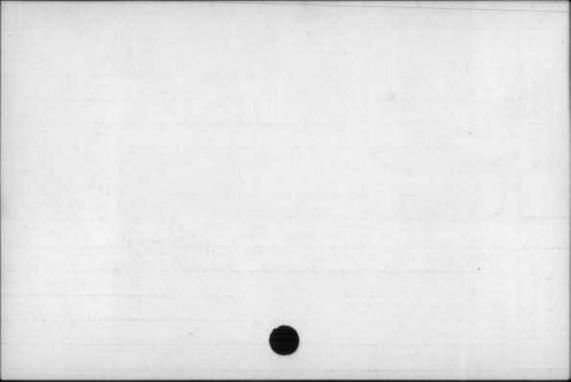
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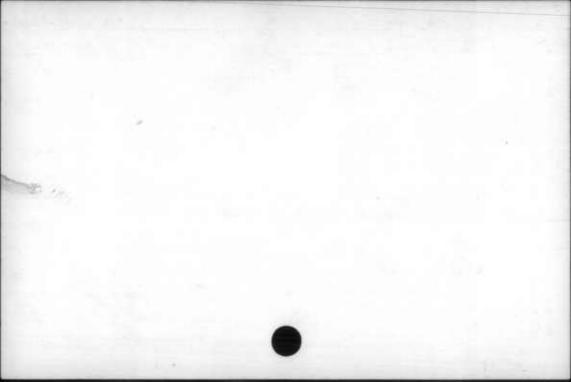
Name alice Stewart in Full CERTIFICATE OF DEATH County MARYLAND Died at Month Years Months Davs Date VUS Age of death 190 ŝ 0 Color or Birth-ANSWERED Z EMia Jamas Sex Race nlace æ Occupation Where Residing if not ? Ē. ousens at place of death REST Married, Single Name of Wife or homs or Widowed Husband 8 . шĨ Father's Father's tio z ams mas 10 Birthplace Name Mother's Mother's rinalis vina Maiden Name Birthplace Name of person giving Eom Information decentant CAUSES OF DEATH Primary How Ш How long PHYSICIAN NO Immediate Ĕ. Are the name, age, sex, color, date ō Signature of 10 and place correctly given above? Physician Ō Address EC. ō Accident or Suicide OFFICE SUPPLY CO. 2368



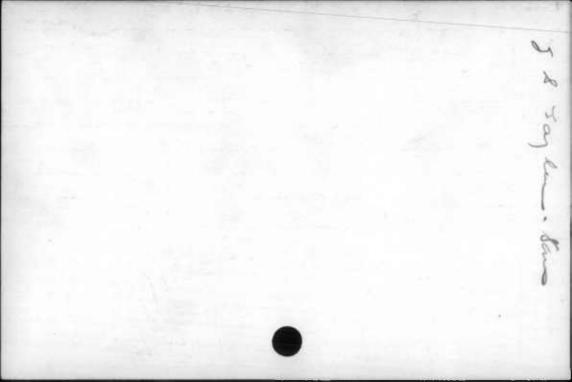
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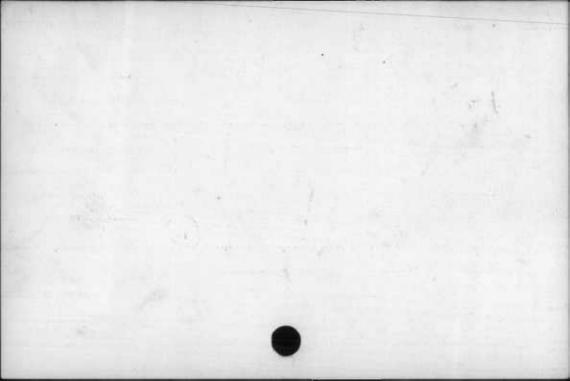
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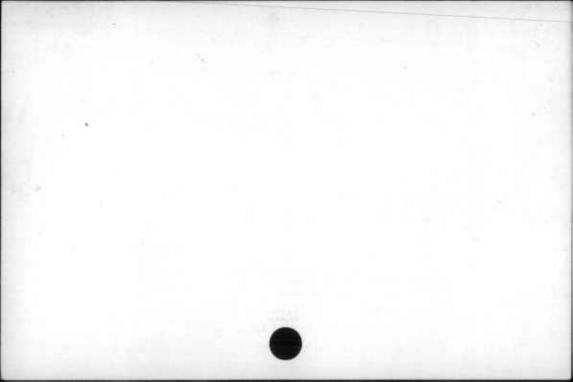
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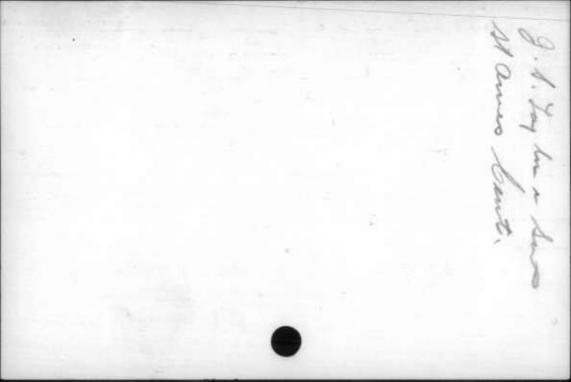
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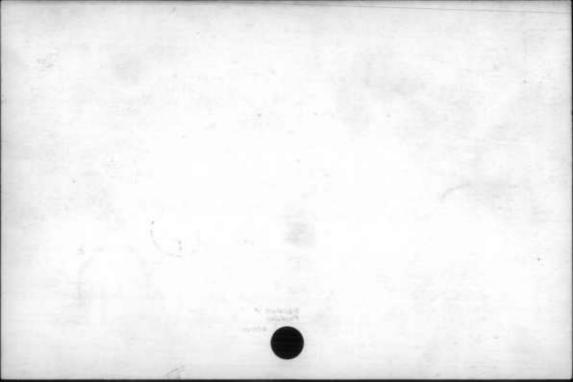
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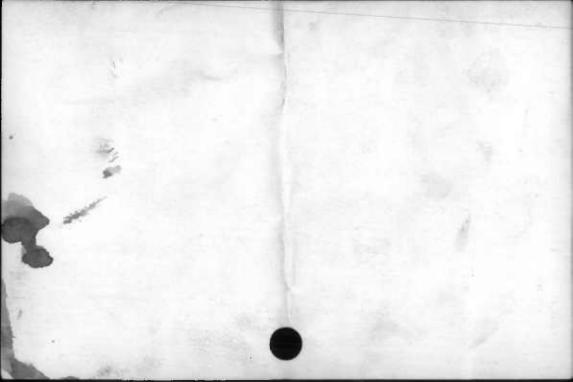
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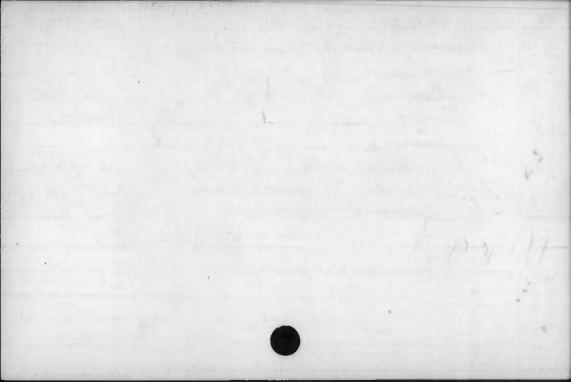
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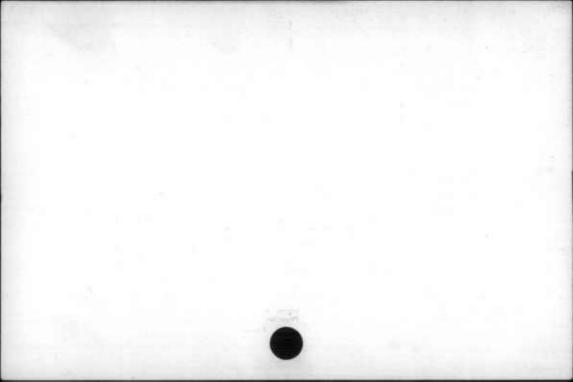
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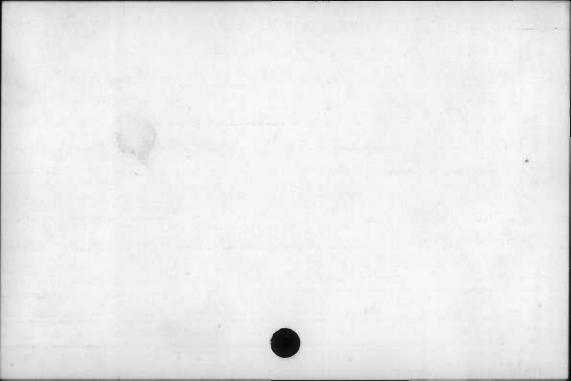
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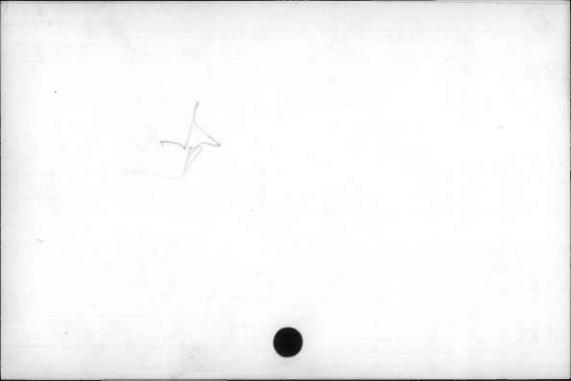
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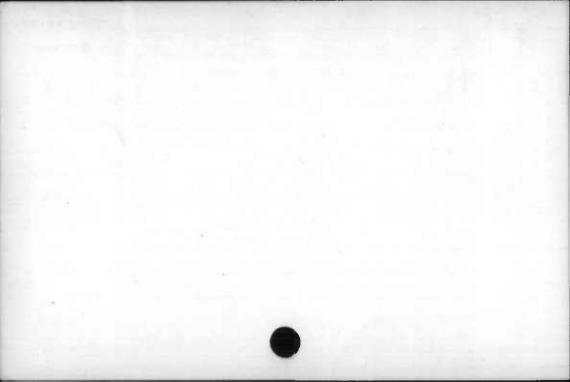
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Name in. Mary Woodley Full **CERTIFICATE OF DEATH** County anne arundel Died at near Mount Carmel MARYLAND Day Month Months Deva Date of deeth 1900 lung 5 Age 39 0 Colored Birth-Color or ۵ z Kent Co. Ma Sex Female ī ü Race place -NSWER C. Occupation Where Residing if not Puller L. at place of death H 0 Married, Single Name of Wife or 4 Vongle Ē or Widewed Huaband 8 4 L Castery Shor Father'a Father's Henry Woodley Z Name Birthplace 20 md tery Show Mother's Mother's Woodley an Maiden Name Birthplace Hin Name of person kiving AND CONTRACT Ro Water freedo Information to decessed CAUSES OF DEATH How lon Primary Chronie alcoholising 2 02 2 How long -PHYSICIAN Heart Failurs umidia Z Immediate ō ě. Are the name, age, sex, color, date Signature of ō yes: and place correctly given above ? Physician < õ Addemastica, M H BO lecter 12 7 Doleh. Accident or Suicide 6-20--08 OFFICE SUPPLY CO.



Name Wil in Full 0. CERTIFICATE OF DEATH County Died MARYLAND Month Day Years Months Days Date of death 190 Age ž ٥ Color or Birth-BE ANSWERED FRIEN place. Race Sex Occ Where Residing if not at place of death de NEAREST Merried, Single Name of Wife or or Widewed Husband and Father's Pather's 2 Birthplace Name en Mother's Mother's Maiden Name Birthplace Name of person giving How related Information ine to decessed CAUSES OF DEATH Primary How CORONER How to PHYSICIAN Immediate Are the name, age, eax, color, data Signature of and place correctly given above ? Physician Address HO HO Accident or Suicide OFFIGE SUPPLY CO. F-3



Name CERTIFICATE OF DEATH Ful MARYLAND Died at (Days) Months Date Age of death 190 ñ FRIEND ANSWERED Color or Birth Sex Race 144.00 Occupation Where Residing If not at place of death EAREST Name of Wile or Married, Single 129 or Widowed Husbard TO BE Exther's Father's ž Birthplace Name Mother's Mother's Maidan Name Birthplace How related Name of person giving to deceased Information CAUSES OF DEATH Primary How long emotion B CORONER Still Bon PHYSICIAN Immodiate Cartfort. Signatore of Are the name, age, sex, color, date Physician and place correctly given above? Addres 80 õ Accident or Suicide OFFICE SUPPLY CO. 2364

