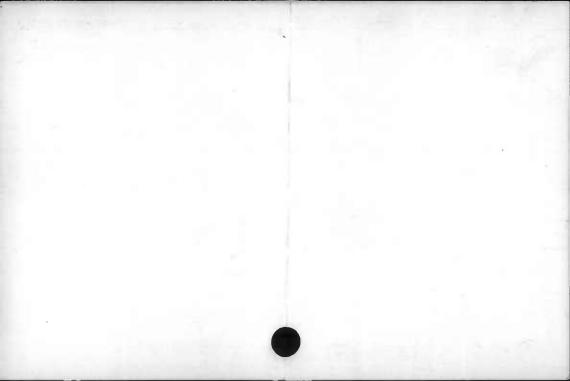
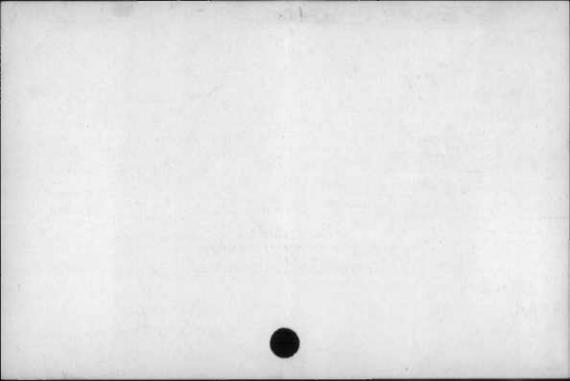
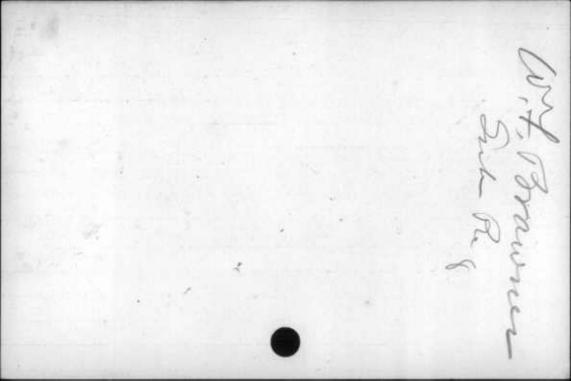
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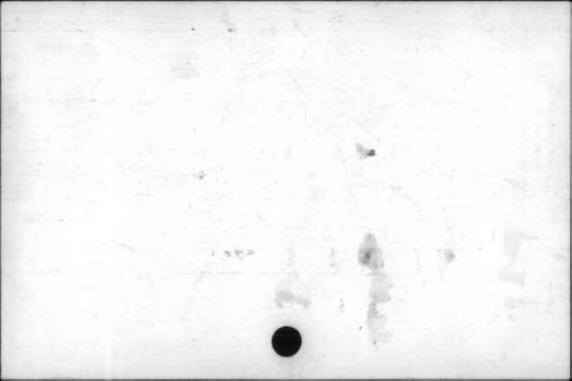
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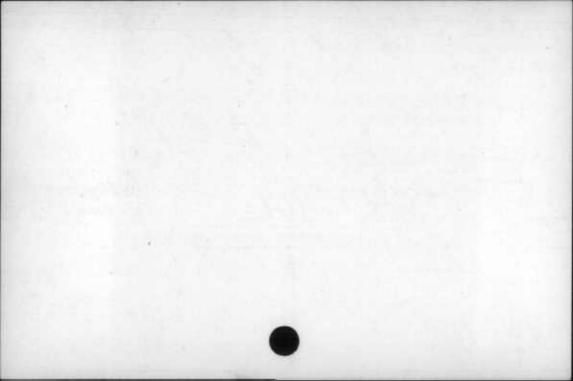
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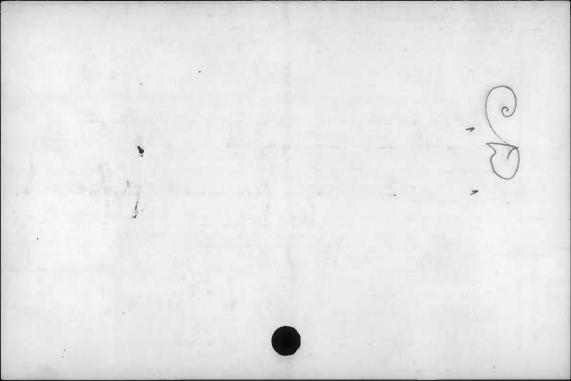
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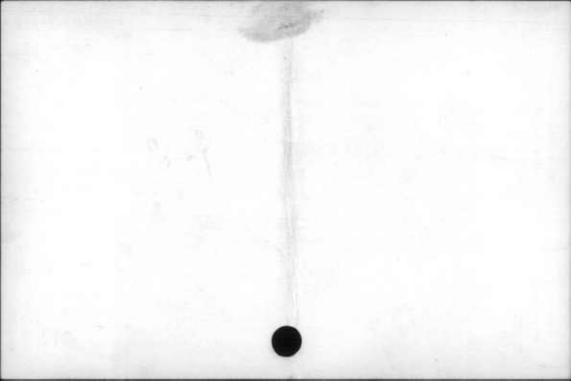
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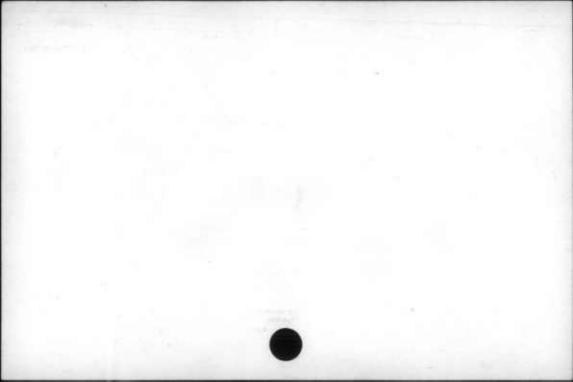
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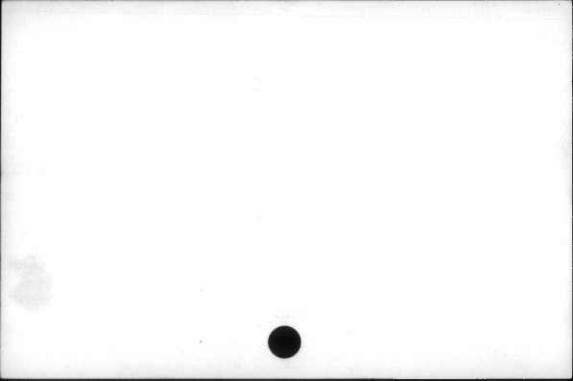
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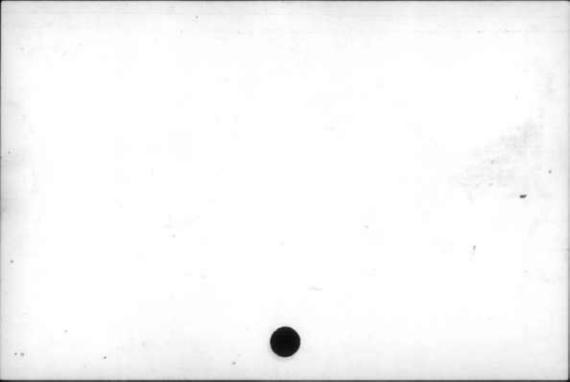


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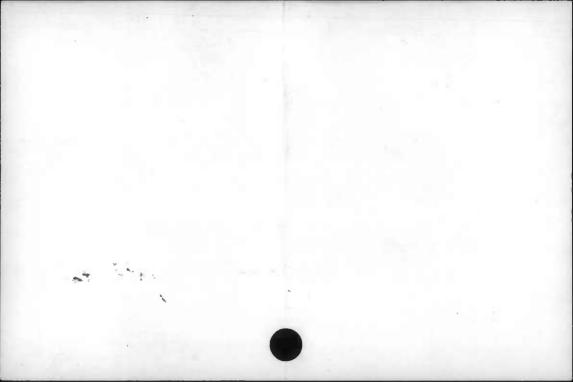


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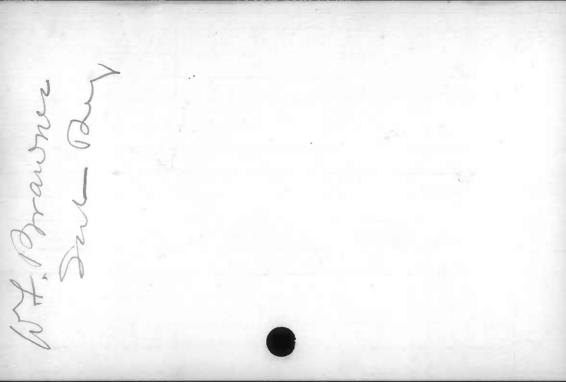
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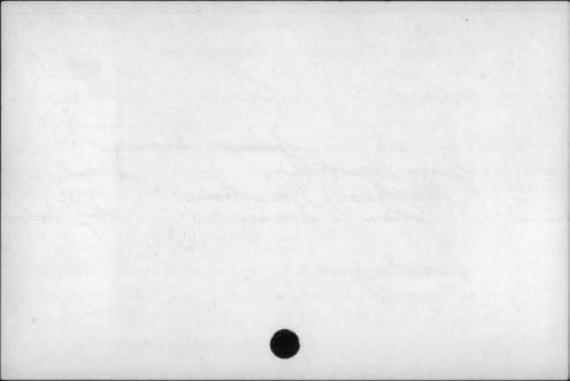
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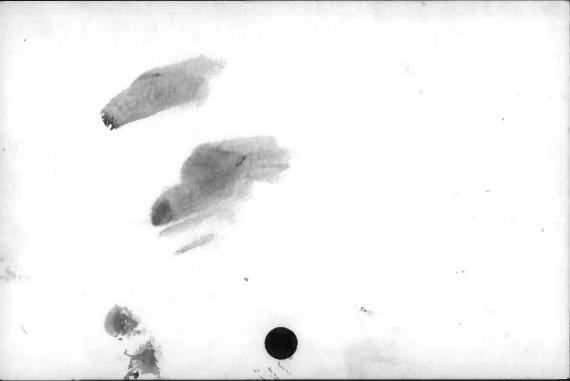
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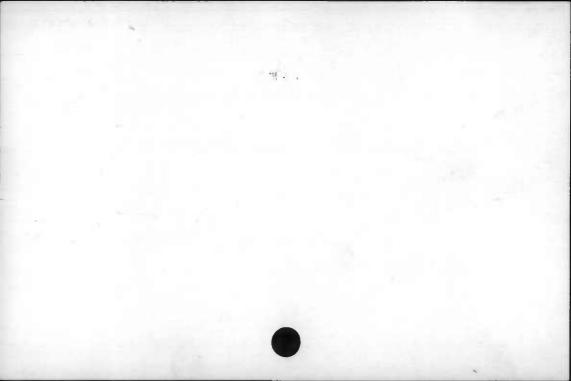
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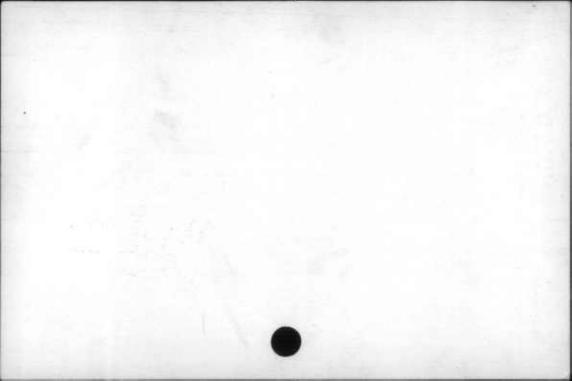
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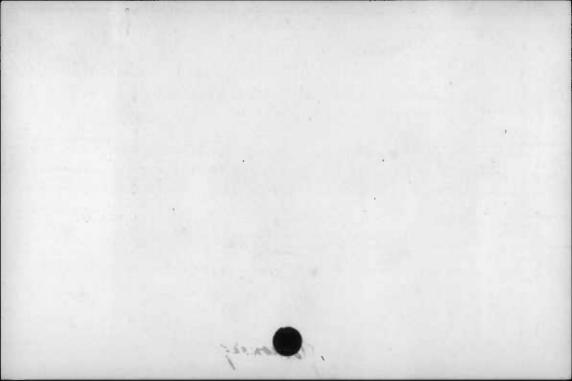
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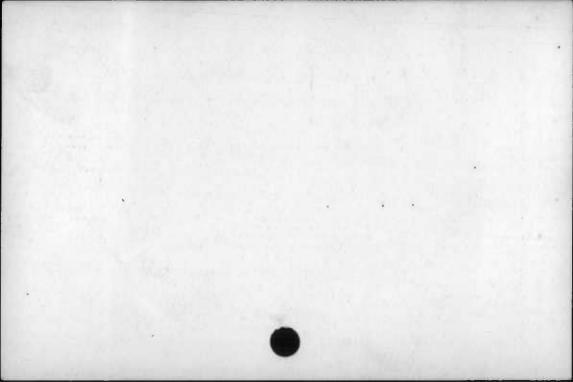
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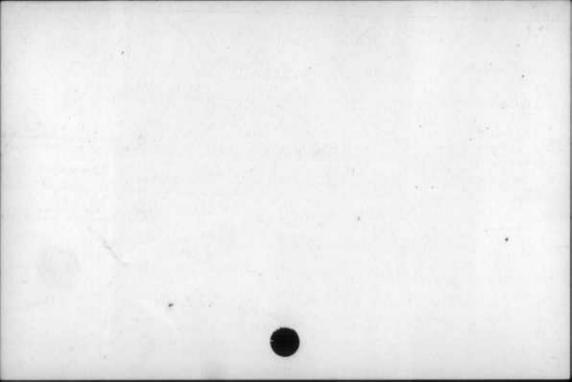
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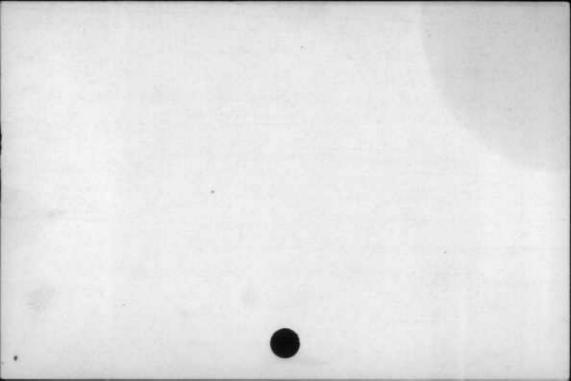
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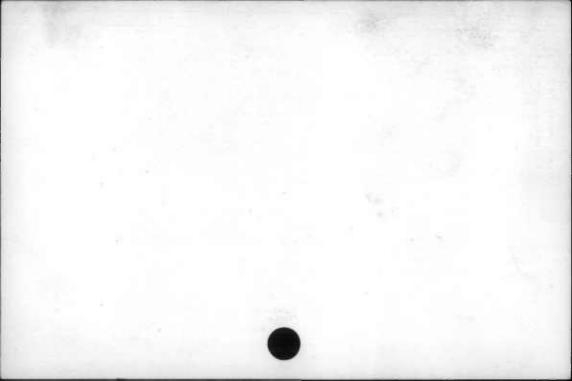
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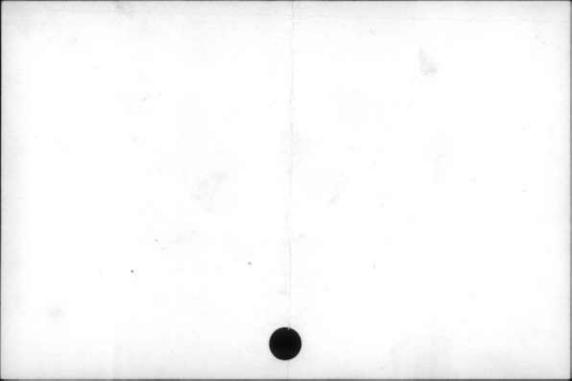
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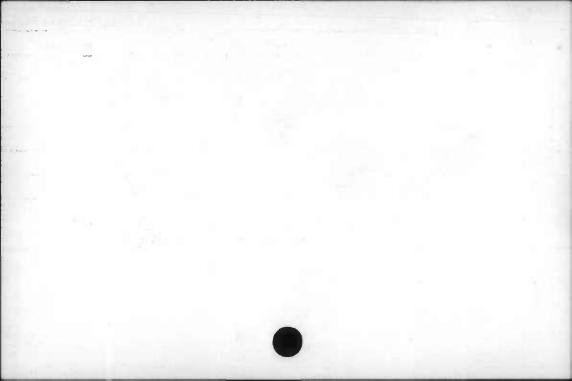
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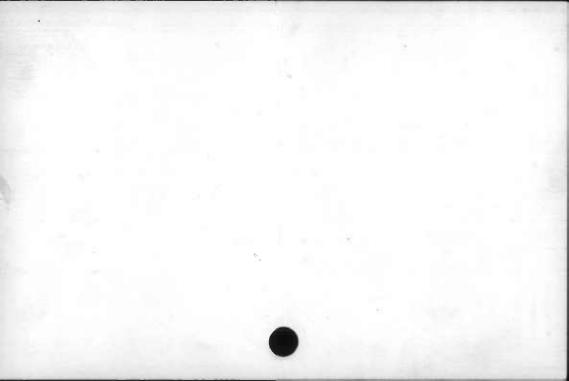
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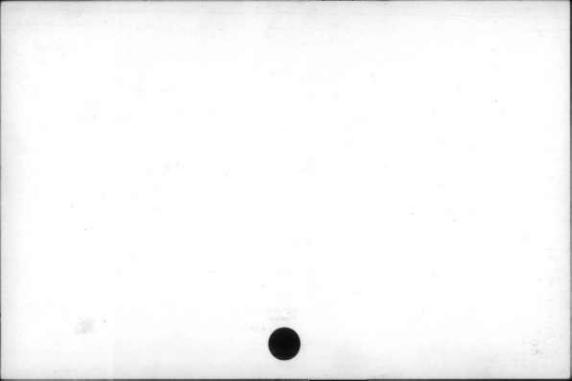
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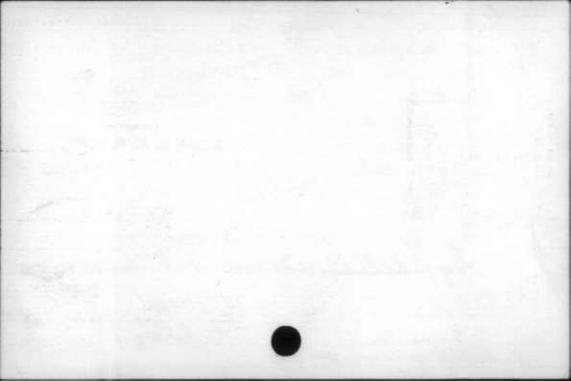
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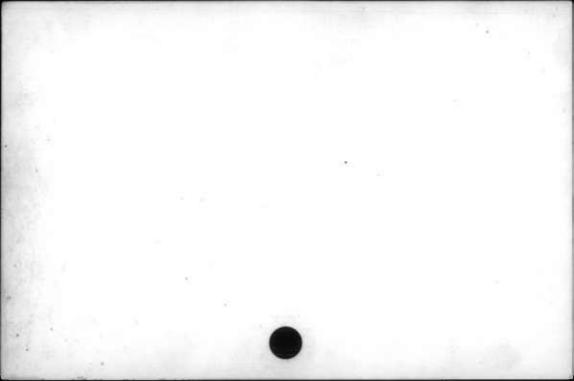
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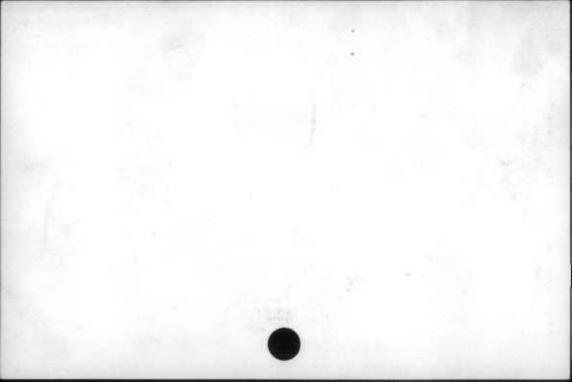
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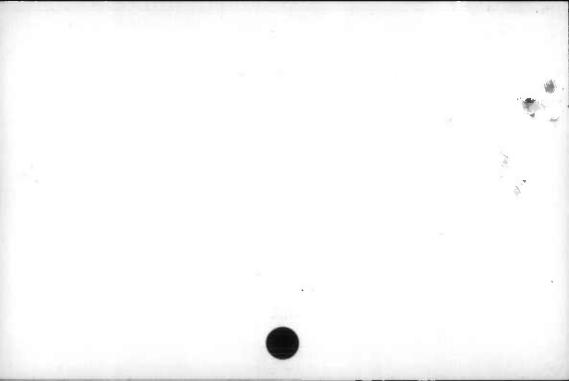
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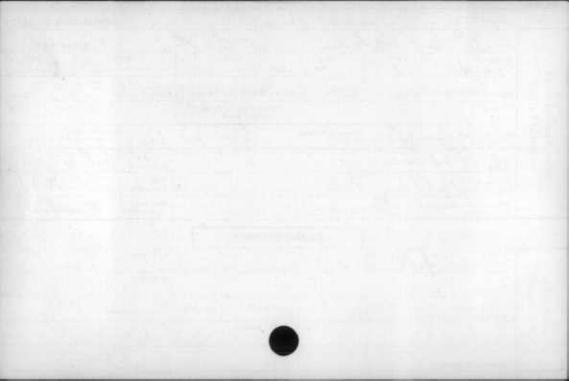
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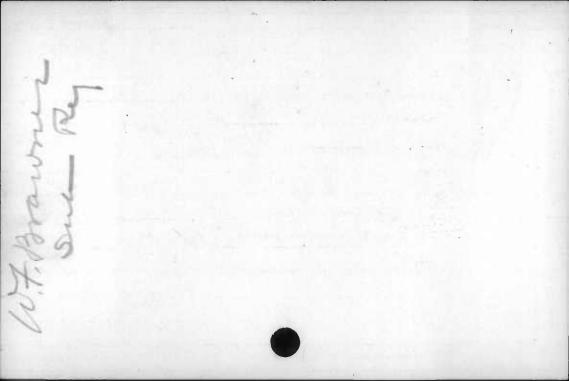
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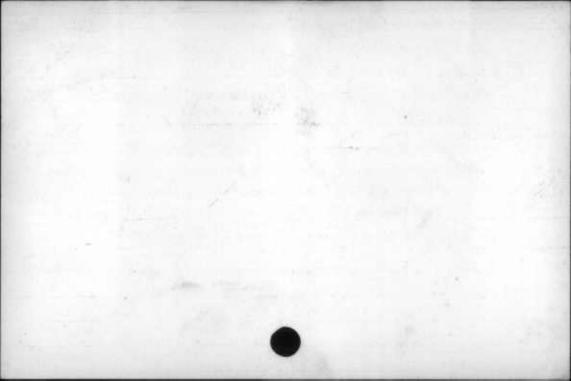
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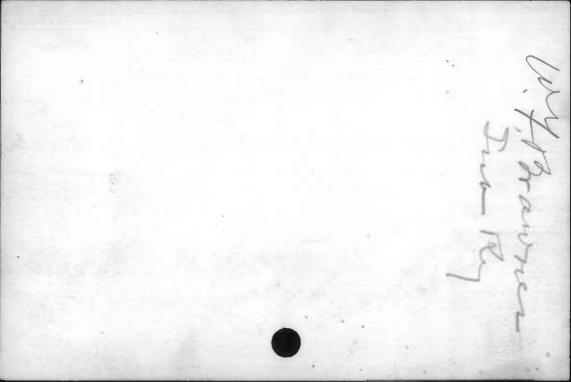
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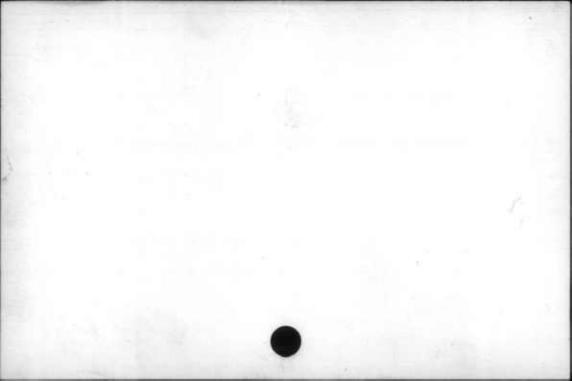
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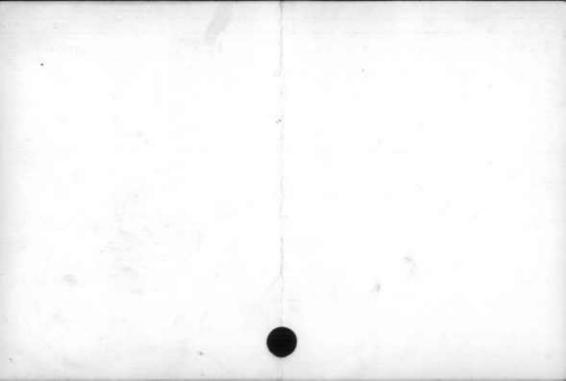
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Name Jane Hennella Wink Full CERTIFICATE OF DEATH Dies a hear La Plata County Charles 1y MARYLAND Days July Dav Months Date of death 1900 18 Age ž FRIEND ANSWERED Color er Birthwhite Charles kmale See minte Decupation Where Residing If not Trusew at place of death EAREST Married, Single We H Wanh Name of Wite or married Hushand ar Widowatt H Father's noble Richards Enther's ahar to 2 Ż Name Birthplace Mother's Mother's blias to Tallenne Qu Maiden Name Birthplace Name of person giving How related W= H Went husband Information to detline CAUSES OF DEATH Primary Here Girshosis H Liver_ Practice Alexan 14 ORONER How long PHYSICIAN General athant non Immediate Are the name, age, sax, color, date Signature of Theo. Sour 4 D. 12min Physician õ and place conectly given above? Address La Olala 0 and Accident or Suicide OFFICE SUPPLY CO. 2364

