BUREAU OF VITAL STATISTICS PLACE OF DEATH. CERTIFICATE OF DEATH OUYAMOGA County of SIL Village of Col. If death occurred in a hospital or institu-tion, give its NAME instead of street and number.] City of..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED MANAGE MIDOWED (IV rite the word) (Month) (Day) ODATE OF BIRTH 17 LAHEREBY CERTLEY. That I attended deceased ... 1853 from. (Month) (Year) (Day) 7 AGE If LESS than 1 day,.....brs. and that death occurred, on the date stated above, and m. or.....min.? The CAUSE OF DEATH* was as follows: s OCCUPATION
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)... 9 BIRTHPLACE (State or country Contributory..../... 10 NAME OF FATHER (SECONDARY) 11 BIRTHPLACE OF FATHER (State or country) PARENTS 12 MAIDEN NAME OF MOTHER State the Disease Causing Dearn, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) ether Accidental, Suicidal, or Homicidal. 18 BIRTHPLACE OF MOTHER (State or country 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) of death ... Where was disease contracted, If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Registrar 11-3184