PLACE OF DEATH. CERTIFICATE OF DEATH Registration District No. 4004 Village if death occurred in a hospital or institu-tion, give its NAME instead of street and number.] OF (No......St.,Ward) City of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCED (Year) (Day) (Month) HEREBY CERTIFY, That I attended deceased from. (Year) (Month) (Day) TAGE If LESS than 1 day,.....hrs. and that death occurred, on the date stated above, at Ze. m. min.? * OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industra business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF (SECONDARY) 11 BIRTHPLACE CF FATHER PARENTS . 1922 (Address) (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) OF MOTHER (State or country) At place In the of death ... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, If not at place of death?... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 11-3184

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