Where was disease contracted, if not at place of death?..

CE OF BURIAL

Word

UNDERTAKER

Filed

OR REMOVAL

1 mun

DATE OF BURIAL

Registrar

march

ADDRESS

OCCUPATION

BEST OF MY KNOW!

(Address)

(Informant)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE

FOR BINDING. RESERVED MARGIN

MARGIN

RESERVED FOR

BINDING