MARGIN RESERVED FOR BINDING.

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Township of TRANSCRIP	T OF CERTIF	ICATE OF DEATH-LO	CAL REGISTE	R .
Village of Vermontfulle or City of (No.) FULL NAME le hurles Games	И 19	st;	Ward) [If a Ho tion, inste	d No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male COLOR White	DATE OF DEATH	March	(Day) 12	(Year)
DATE OF (Month) (Day) (Year) 126 25 1/824	Mure	REBY CERTIFY, The	21	leceased from
ST YEARS, MONTHS, J DAYS		h Liu alive on Ma		190/ at 8 P M
SINGLE, MARRIED, WIDOWED, OR DIVORCED WILLOWED		SE OF DEATH was as i		in the second
AGE AT MARRIAGE, NUMBER OF CHILD- REN If married, age at (first) marriageyears Parent of	1	rumou	a	(1) 11 Haller
BIRTHPLACE (State or country) Arm Hork			(DURATION)	That Perit eye
NAME OF abraham Bale	Contributo	ory	(DURATION)	PARTA A
BIRTHPLACE OF FATHER (State or country) Asia Graffe	(Signed)	L D M Z	mon hi	u M.D
MAIDEN NAME OF MOTHER Allin Otryker		ATION only for Hospitals, Institutions		sidents:
BIRTHPLACE OF MOTHER (State or country) don't know	usual residence. Where was diseas		place of death?	REMITOR AND COLUMN SERVICES
Retend Lamer		URIAL OR REMOVAL	Mayer	714 19d
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	UNDERTAKER	Hammond	ADDRESS YU	to
(Informant) / / A amulu (Address) Jermoutville	Filed Ward	14190 20	Stuller	which