MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.

County & all	CAN DEPARTMENT OF HEALTH Division of Vital Statistics IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village	Registered No.
City (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) 2 FULL NAME John Slevander Lockley (a) Residence No. St., Ward.	
(a) Residence No	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) 6/19 1925
male White indoned: 5a If married, widowed or divorced HUSBAND of (or) WIFE of Muna Bless	17 I HEREBY CERTIFY, That I attended deceased from Oct., 1922, to fure, 1924. that I last saw has alive on fure 16, 1924 and
6 DATE OF BIRTH (Month, day and year) 4/14 1843 7 AGE Years Months Days If LESS than 1 dayhrs. ORmin.	that death occurred on the date stated above at I.d. m. The CAUSE OF DEATH* was as follows: Anguna Peologia
8 OCCUPATION OF DECEASED (a) Trade, profession, or particutar kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer.	CONTRIBUTORY (Secondary) (duration) yrs. 6 mos. ds.
9 BIRTHPLACE (city or town) cley yerk flat	18 Where was disease contracted If not at place of death?
10 NAME OF FATHER unknown -	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town) (state or country) 12 MAIDEN NAME OF MOTHER OF MOTHER M. Brown	Was there an autopsy? What test confirmed diagnosis? (Signed) Land Land M. D.
12 MAIDEN NAME OF MOTHER un Brown.	6/2/ , 19 24, Address Vermahlle
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, of Homicidal.
14 Informant Willia Lacky (Address) Vermobile my	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Wordlam 6/21 1924
15 Filed 6/2/ , 19 24 6 K fast Registrar.	2 UNDERTAKER Address Vermble