Township. Primary Registration DiBrict No. \$18.7 Registered No. \$18.6 or Village. On Village. On What the state of the principal of the princi	DIVISION C	TMENT OF HEALTH DF VITAL STATISTICS ICATE OF DEATH on District No. 392 File No.
Length of residence in city or town where death occurred. 2 FULL NAME (a) Residence. No. (busing place of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5a. If married, widowed, or divorced or Divorced (write the word) 5b. If the occupation or particular bind of www down, as a sid mill saw mill, bank, etc. 5c. DATE OF BIRTH (month, day, and year) Utilities or min. 5c. DATE OF DEATH and related causes of importance and to have occurred on the date stated above at in other of onest were as follows: 6c. DATE OF BIRTH (month, day, and year) Utilities or min. 6c. DATE OF DEATH and related causes of importance and to have occurred on the date stated above at in other of onest were as follows: 6c. DATE OF DEATH and related causes of importance and to have occurred on the date stated above at in other of onest were as follows: 6c. DATE OF DEATH and related causes of importance		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOROR RACE 5. Single, Married, Wildowed, or Divorced (write the year) 21. DATE OF DEATH (month, day, and year) 4/-2/, 19.36 38. If marriea, widowed, or divorced (write the year) (or) Wiffe of (or) Wiffe	Length of residence in city or town where death occurred. 2 FULL NAME (a) Residence. No. St., Ward. Ward.	
3. SEX 4. COLORGRACE Walk 4. COLORGRACE Walk 4. COLORGRACE 5. Single, Married, Widowed, or Bytanead corner with well Walk Walk Walk 1. DATE OF DEATH (month, day, and year) 4 - 2 / 19 30 32. I HEREBY CERTIFY, That I attended deceased from 19 / 4 can 19 /		
Sa. II marrien, widowed, or divorced HUSBADD of Gord MUSBADD of GORD OF GORD OF GORD OF GORD O	3. SEX 4. COLOR, OR RACE 5. Single, Married, Widowed.	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) CULTUTE 7. AGE Years Monthe Days If LESS than 1 day, hrs. or min. 8. Trade profession, or particular kind of work done, as spianer, sawyer, beakkeeper, etc. 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month) 11. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. MAIDEN NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. THE Signature of 18. MAIDEN NAME 18. BIRTHPLACE (city or town) 19. MAIDEN NAME 19. (State or country) 19. (State or country) 19. (State or country) 19. (State or country) 19. Where did injury occur? 19. UNDERTAKER 19. (Address) 19. WARDER CALL 19. (Signed) 19. WARDER CALL 19. (Signed) 19. WARDER CALL 19. (Signed) 19.	mall while married	
6. DATE OF BIRTH (month, day, and year) United May. 7. AGE Years Months Days II LESS than 1 day, hrz. 0r min. 8. Trade profession, or particular sawyer, beokkeeper, et planer, sawyer,	HUSBAND of	
kind of work done, as apinner, sawyer, bookeeper, etc. 9. Industry or business in which work was done, as alk mill saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation) 12. BIRTHPLACE (city or town) Corporated by Control (State or country) 13. NAME 14. BIRTHPLACE (city or town) Chico 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Chico 17. INFORMANT 18. INFORMANT 19. INFORMANT 19. INFORMANT 19. UNDERTAKER (Address) 18. Was discass or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) (Signed) 19. UNDERTAKER (Address) (Signed) 19. UNDERTAKER (Address) (Signed) 19. UNDERTAKER (Signed)	6. DATE OF BIRTH (month, day, and year) Luckuoun 7. AGE Years Months Days If LESS than 1 day,hra.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) The Signature of () Where did injury occur? (Specify city or town, county, and State) 17. INFORMANT and (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Was body embalmed (Address) (Signed) 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Signed) Manner of injury in any way related to occupation of deceased? (Signed) (Signed) (Signed)	kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year). 12. BIRTHPLACE (city or town) Develoced (State or country)	CONTRIBUTORY CAUSES of importance not related to principal cause:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) The Signature of () Where did injury occur? (Specify city or town, county, and State) 17. INFORMANT and (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Was body embalmed (Address) (Signed) 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Signed) Manner of injury in any way related to occupation of deceased? (Signed) (Signed) (Signed)	E	
The Signature of County and State) 17. INFORMANT and (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. Was body embalmed 19. Embalmer's No. 19. Was body embalmed 19. Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury 19. Was disease or injury in any way related to occupation of deceased? (Signed)	14. BIRTHPLACE (city or town). Ohio	
19a. Was body embalmed. Wes Embalmer's No. 34924.0 20. FILED 4-25 30 OWYGRAGAL (Signed) Joseph a Murphy M. D.	17. The Signature of Control of the Informant and (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Coveland O. Date 4-25 130	lowing: Accident, suicide, or homicide? Date of injury, 19
	(Address) 19a. Was body embalmed. Wes Embalmer's No. 34924.0 20. FILED 4-25 30 Wicegan	(Signed) Joseph a Murphy M. D.