

CERTIFICATE OF DEATH

14 AGE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY B. CITY OR TOWN C. IN CITY LIMITS OR OUTSIDE CITY LIMITS	2. USUAL RESIDENCE A. STATE B. COUNTY C. CITY OR TOWN D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	REGISTRAR'S NO.
7 DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT)	4. SEX	5. COLOR OR RACE
152	6. HUSBAND NEVER MARRIED 7. DATE OF BIRTH (MONTH, DAY, YEAR) 8. AGE (IN YEARS) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MONTHS YEARS	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)	10. SOCIAL SECURITY NO.
	11. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN (IF YES, GIVE DATES OF SERVICE))	13. BIRTHPLACE (STATE OR COUNTRY)
	14. FATHER'S NAME	15. MOTHER'S MAIDEN NAME	16. DATE OF DEATH (MONTH, DAY, YEAR)
	17. INFORMANT'S SIGNATURE	18. DATE OF OPERATION	19. INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). * THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ARTERIAL, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. 19. PLACE DISEASE CONTRACTED.		
OPERATIONS, AUTOPSY	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DEATH DUE TO EXTERNAL VIOLENCE	21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 21C. (CITY OR TOWN) (COUNTY) (STATE)		
MEDICAL OR CORONER'S CERTIFICATION	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR		
FUNERAL DIRECTOR AND REGISTRAR	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON Dec 18 1952 AND THAT DEATH OCCURRED AT 5:50 P. 23. SIGNATURE (NAME OR TITLE) 23B. ADDRESS 23C. DATE SIGNED		
	24. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		
	25. DATE REC'D BY LOCAL REG. 25B. REGISTRAR'S SIGNATURE 25C. FUNERAL DIRECTOR'S SIGNATURE 27. EMBALMER'S SIGNATURE CERT. NO.		