County Tauthous Registration District No. 2 File No.  Township. Primary Registration District No. 2 Registered No. 2 Port of Village No. 2 Port of No. 2 Por		OF VITAL STATISTICS
Township Primary Registration District No. 8/6. Registered No. 8 or Village No. 11 death occurred in a hospidal or institution, givits Name instead of street and number cleaning of residence in city or town where death occurred yrs. 6 no. 18 Now long in U. S. if of torsign hirth? 18 Nos. 4s. 10 deceased Serve in U. S. Navy or Army.  (a) Residence. No. (Usual place of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	1 PLACE OF DEATH . CERTIF	ICATE OF DEATH
or Village  Or City of  It death occurred in a hospital or institution, singlets ware intended of street and number  Leagth of residence in city or town where death occurred.  It death occurred in a hospital or institution, singlets ware intended of street and number.  J. Leagth of residence in city or town where death occurred.  It death occurred in a hospital or institution, singlets ware most death of street and number.  J. B. How long in U. S. If of treeting high? was most.  J. Did Deceased Serve in  U. S. Navy or Army.  (a) Residence, No.  (I) an arrical street and number.  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOFOR RACE  S. Singlet Married, Wildowed, or Decreed with the word was done, as singlet of the street of the street of the street of the deceased from the street of the street o		
Length of residence in city or town where death occurred.  2 FULL NAME  (a) Residence. No.  (Usual flace of abide)  PERSONAL AND STATISTICAL PARTICULARS  3. EEX  4. COLOPOR RACE  5. Singly Married.  (Bullowed, or divorced (with glowed)  (or) WIPE of  6. DATE OF BIRTH (month, day, and year)  (Isal saw h. alive on.  19. to.  19. to.  19. to.  19. to.  19. death is said to have occurred on the date stated above at min occupation.  The Signature of Oblighting and Special Country)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. The Signature of Oblighting And Country  18. BIRTHPLACE (city or town)  (State or country)  19. to.  19. to.  19. to.  19. to.  19. death is said to have occurred on the date stated above at m.  19. The Signature of Oblighting And Country  10. Date deceased last worked at this occupation month and spentin this occupation.  19. The Signature of Oblighting And Country  10. State or country  11. Total lime (years)  12. BIRTHPLACE (city or town)  (State or country)  13. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. The Signature of Oblighting And Country  18. BURIAL (SCRATION, OR REMOVA'  Place Signature of Oblighting And Country  Name of injury  Nature of injury	Township Primary	registration District No. 8/8.7. Registered No. 160 P
Length of residence in city or town where death occurred.  2 FULL NAME  (a) Residence. No.  (Usual flace of abide)  PERSONAL AND STATISTICAL PARTICULARS  3. EEX  4. COLOPOR RACE  5. Singly Married.  (Bullowed, or divorced (with glowed)  (or) WIPE of  6. DATE OF BIRTH (month, day, and year)  (Isal saw h. alive on.  19. to.  19. to.  19. to.  19. to.  19. death is said to have occurred on the date stated above at min occupation.  The Signature of Oblighting and Special Country)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. The Signature of Oblighting And Country  18. BIRTHPLACE (city or town)  (State or country)  19. to.  19. to.  19. to.  19. to.  19. death is said to have occurred on the date stated above at m.  19. The Signature of Oblighting And Country  10. Date deceased last worked at this occupation month and spentin this occupation.  19. The Signature of Oblighting And Country  10. State or country  11. Total lime (years)  12. BIRTHPLACE (city or town)  (State or country)  13. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. The Signature of Oblighting And Country  18. BURIAL (SCRATION, OR REMOVA'  Place Signature of Oblighting And Country  Name of injury  Nature of injury	or Village On A No. The	is Leutenhary & was
Length of residence in city or town where death occurred  2 FULL NAME  (a) Residence. No.  (Usual Place of shede)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOBOR RACE  5. Singf Married, Vildowed, or Boroced (write file word)  5a. If marrien, widowed, or divorced (write file word)  5b. If the principal cause (write file word)  6c. DATE OP BEATH (month, day, and year)  6c. DATE OP BEATH (month, day, and year)  6c. DATE OP BEATH (month, day, and year)  6c. DATE OP DEATH  6c. DATE O	or City of Columbus (If death occ	urred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME  (a) Residence. No		As How long to H S Half topology highly was
(a) Residence. No. (Usual place of shooty)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE 5. Singly Married, Wildowed, or Boarded (wrigh the word)  5a. If married, widowed, or divorced (wrigh the word)  5a. If married, widowed, or divorced (wrigh the word)  5a. If married, widowed, or divorced (wrigh the word)  5a. If married, widowed, or divorced (wrigh the word)  6. DATE OP BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade profession, or particular kind of work done, as spinness in which work was done, as spinness in which work was done, as sails mill saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. MADEN NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. In Signature of Office (city or town)  (State or country)  18. BURIAL, CRESATION, OR REMOVA:  and (Address)  Date  4. COLOR OR RACE  5. Singly Married, Wildowed, or Board (with the word)  19. LOATE OF DEATH (month, day, and year)  19. LOATE OF DEATH and related ecases of importance in the stated above at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance not related to principal cause:  10. Date deceased last worked at this occupation.  (State or country)  10. State or country)  11. MADE  12. BIRTHPLACE (city or town)  (State or country)  13. MADE  14. BIRTHPLACE (city or town)  (State or country)  15. MADE  16. BIRTHPLACE (city or town)  (State or country)  17. The Signature of Date  18. BURIAL, CRESATION, OR REMOVA:  19. Load to wild miles of married, Wildowed, or displayed and the date stated above at m.  19. Loate OF DEATH  19. L	A1	Did Deceased Serve in
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. Singly Married, Widowed, or Brocced writer file word)  5a. If married, widowed, or divorced full file for the file for t	A file of a	U. S. Navy or Army
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3. AEX  4. COLOBORRACE 5. Singly Married, Wildowed, or Decreed (write file world)  5a. If married, wildowed, or divorced  (by MIPE of  6. DATE OP BIRTH (month, day, and year)  6. DATE OP BIRTH (month, day, and year)  7. AGE  8. Trade profession, or particular or min.  8. Trade profession, or particular or min.  8. Trade profession, or particular or min.  9. Industry or business in which work was done, as spinness in which work was done, as as mine or min.  9. Industry or business in which work was done, as a silk mill assw mill, bank, etc.  9. Industry or business in which work was done, as as mine or min.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. The Signature of Original California and (Address)  18. BURIAL, CRESSATION OR REMOVA:  Place  18. DATE OF DEATH (month, day, and year)  19. 10  19. 10  19. 10  19. 10  19. death is said to have occurred on the date stated above at min order of onaget were as follows:  10. The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onaget were as follows:  10. ONATIBUTORY CAUSES of importance not related to principal causes:  18. MAIDEN NAME  19. 10		
Sa. If marrier, widowed, or divorced HUSEAND of (or) WIFE of  6. DATE OP BIETH (month, day, and year)  7. AGE Years Months Days II LESS than it only the work done, as spinner with the work was done, as spinner with this occupation (month and year)  8. Trade profession, or particular wind of work done, as spinner with this occupation (month and year)  9. Industry or business in which work was done, as spinner with this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIETHPLACE (city or town)  (State or country)  17. The Signature of (city or town)  (State or country)  18. BURIAL, CRESATION, OR REMOVA: And Address)  19. 10. Late who alive on 19. 19. death is said to have occurred on the date stated above at m.  This PRINCIPAL CAUSE OF DEATH and related causes of importance as olitows:  19. 10. Date of one of o		
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HUSBAND of (or) WIPE of 6. DATE OP BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than i day, hrs. or min.  8. Trade profession, or particular or min.  8. Trade profession, or particular or min.  9. Industry or business in which work was done, as spinner sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner to make the soccupation occupation.  12. BIRTHPLACE (city or town) (State or country)  8		The state of the s
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days II LESS than I day, hrs. or min.  8. Trade profession, or particular line of work done, as a spinner sawyer, bookheeper, 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) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT One REMOVA: Apr 33-33  18. BURIAL, CRESATION OR REMOVA: Apr 33-33  Manner of injury.  Nature of injury.  Manner of injury.  Nature of injury.	HUSBAND of	
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It day, hrs. or min.  It day. hrs. or min.	7. AGE Years   Months   Days   If LESS than	The PRINCIPAL CAUSE OF DEATH and related causes of importance
B. Trade profession, or particular kind of work done, as spinner and Collection work was done as silk mill saw mill, bank, 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 spent in this occupation (contra) work was done as silk mill seem to be seem to b	3.1 1 day,hrs.	in order of onact were as follows:
kind of work done, as spinner / U U U U U Sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as ailk mill saw mill, bank, etc.  9. Industry or business in which work was done, as ailk mill saw mill, bank, etc.  9. Industry or business in which work was done, as ailk mill saw mill bank, etc.  9. Industry or business in which work was done, as ailk mill saw mill bank, etc.  9. Industry or business in which work was done, as ailk mill saw mill bank, etc.  9. Industry or business in which work was done, as ailk mill saw in this occupation.  CONTRIBUTORY CAUSES of importance not related to principal cause:  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  The Signature of Opinion of Coloreds and Address)  17. Informant  18. BURIAL CRESSATION OR REMOVA'  Place Of Many or town of injury.  Place Of Many or town or in public place of injury.  Nature of injury.	1 8. Trade prefession or particular 200	compagnion of c.
12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  The Signature of Office Records and (Address)  18. BURIAL, CRESATION OR REMOVA  Place Place Date of injury.  Date of injury.  Manner of injury.  Nature of injury.  Nature of injury.  Nature of injury.	kind of work done, as spinner / U Charus	
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12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  The Signature of Office Records and (Address)  18. BURIAL, CRESATION OR REMOVA  Place Place Date of injury.  Date of injury.  Manner of injury.  Nature of injury.  Nature of injury.  Nature of injury.	10. Date deceased last worked at this occupation (month and spent in this	- I - for the second se
(State or country)  113. NAME  114. BIRTHPLACE (city or town)  (State or country)  125. MAIDEN NAME  126. BIRTHPLACE (city or town)  (State or country)  127. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?  Date of injury, 19.  (Specify city or town, country, and State specify whether injury occurred in industry, in home, or in public place of injury  128. BURIAL, CREMATION, OR REMOVA:  Place A Manuer of injury.  Nature of injury.  Nature of injury.  Nature of injury.  Nature of injury.	occupation.	CONTRIBUTORY CAUSES of importance not related
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  The Signature of Office Refords and (Address)  17. INFORMANT and (Address)  18. BURIAL, CRESSATION, OR REMOVA:  Place Place Date of Date of Date of Date of Injury.  Manner of injury.  Manner of injury.  Manner of injury.  Manner of injury.  Nature of injury.		y principal canal
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The Signature of Ohio Sen Records  Specify whether injury occurred in industry, in home, or in public place  and (Address)  18. BURIAL, ORDS ATION, OR REMOVA.  Place Date of Date of 33-130  Nature of injury.  Nature of injury.	15. MAIDEN NAME	
The Signature of Ohio Sen Records  17. INFORMANT and (Address)  18. BURIAL, CRESS TION, OR REMOVA.  Place The Signature of Ohio Sen Records  Specify whether injury occurred in industry, in home, or in public place  Manner of injury.  Nature of injury.	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
18. BURIAL, CRESACTION, OR REMOVA.  Place J. Mariner of injury.  Nature of injury.  Nature of injury.		Where did injury occur? (Specify city or town, county, and State)
18. BURIAL, CARRATION, OR REMOVA afr 33-130 Manner of injury.  Place S Nature of injury.		Specify whether injury occurred in industry, in home, or in public place
Place of Mary O. Date and 33-130 Nature of injury	TOWN TO THE TAXABLE PARTY	Manner of injury
Place of feet was Date of the same	1111- Been 1 Una 13- 21	
24. Was disease or injury in any way related to occupation of deceased	CAN 9 de Strate de	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER	THE OFFICE OF THE PROPERTY OF	P
19a. Was body embalmed of Rmbalmer's No. 249214 If so, specify	19a. Was body embalmed WA Embalmer's No. 2492-A	If so, specify and all Chi del Control
20. FILED 4/23 1030 ON Keepan (Signed) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/ 0 0 0 1 1	(Signed) H 4 Muy M D
Registrar. (Kagless) 1450 mt Pertuen Law		(Kadress) 1450 mr review 640