state

Form V. S. No. 5-50M-4-5-07.

PLACE OF DEATH.

If death occurs away from USUAL RESIDENCE give facts called for under "Special thornation." FULL NAME	DEATH.
Brithplace (State or County)  Birthplace (State or County)  Malden Name  Birthplace (State or County)  Special Information only for Hospitals, Institutions, Tanasi  Special Information only	DEATH.
Borough of Primary Registration District No.  Registered No.  St.; Ward Hospital or Incomply Use of March 1997 (No. 1997)  Bernard Full Name  Personal and Statistical Particulars  Ext. Color  Date of Birth  (Month)  (Day)  Date of Birth  (Month)  (Day)  I Hereby Certify, That I attended deceased  Hopears, months, days.  Senotes Married.  Widowed, or Divorced  Birthplace (State or County)  Name of Father  (State or County)  Madden Name  Madden Name  Mathem	12659
City of College (No. 1) St.; Ward Hopital or Ingive its NAME give its NAME of street and not provided to under Special Information."]  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX Mall COLOR DATE OF BIRTH  COLOR DATE OF BIRTH  (Month) (Day) (Year)  AGE  #Uyears, months, days.  **SPECIAL INFORMATION only for Hopitals, Incititions, Tanking Special Information of the Property of Tanking Special Information only for Hopitals, Incititions, Tanking Special Information on the Information of Country Spec	0 1
City of County C	No. 20
PERSONAL AND STATISTICAL PARTICULARS  SEX Male COLOR  DATE OF BIRTH  DATE OF BIRTH  (Month) (Day) 18 (Year)  AGE  (Month) (Day) 18 (Year)  AGE  (Month) (Day) 18 (Year)  AGE  (Month) (Day) 18 (Year)  I HEREBY CERTIFY, That I attended deceased that I last saw h 1000 alive on 1900 and that death occurred, on the date stated above, at 1000 months of partners of partne	[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
DATE OF BERTH  DATE OF BERTH  (Month)  (Day)  18 (Sec. 190. 18 (Sec. 190. 190. 190. 190. 190. 190. 190. 190	DEATH
DATE OF BIRTH  (Month)  (Day)  1868  I HEREBY CERTIFY, That I attended deceased  (Nonth)  (Nonth)  (Day)  190.  I HEREBY CERTIFY, That I attended deceased  (Nonth)	
AGE    Contributary	
AGE    Contributary	
## Annual Contributary    Contributary   Contributa	ded deceased from
BIRTHPLACE (State or County)  BIRTHPLACE (State or County)  NAME OF FATHER  BIRTHPLACE (State or County)  BIRTHPLACE (State or County)  BIRTHPLACE (State or County)  MAIDEN NAME OF MOTHER  BIRTHPLACE (State or County)  MAIDEN NAME OF MOTHER  BIRTHPLACE (State or County)  SPECIAL INFORMATION only for Hospitals, Institutions, Transic	
BIRTHPLACE (State or County)  NAME OF FATHER  BIRTHPLACE OF FATHER  Contributary  MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (State or County)  BIRTHPLACE OF MOTHER (State or County)  SPECIAL INFORMATION only for Hospitals, Institutions, Transic	1
OCCUPATION  OCCUPATION  NAME OF FATHER  STATHER  State or County  MAIDEN NAME OF MOTHER  (State or County)  BIRTHPLACE OF MOTHER  (State or County)  BIRTHPLACE OF MOTHER  (State or County)  SPECIAL INFORMATION only for Hospitals, Institutions, Transic	ove, at
OCCUPATION OCCUPATION NAME OF FATHER State or County  BIRTHPLACE OF FATHER (State or County)  MAIDEN NAME OF MOTHER OF MOTHER (State or County)  BIRTHPLACE OF MOTHER (State or County)  SPECIAL INFORMATION only for Hospitals, Institutions, Transic	ws:
NAME OF FATHER  State or County)  MAIDEN NAME Acreau Colla  BIRTHPLACE OF MOTHER  (State or County)  BIRTHPLACE OF MOTHER  (State or County)  Special Information only for Hospitals, Institutions, Transic Special Information only for Hospitals, Institutions, Transic	herier
NAME OF FATHER Stave Dandy  BIRTHPLACE OF FATHER (State or County)  MAIDEN NAME Acreau Colla  BIRTHPLACE OF MOTHER (State or County)  Signed)  Special Information only for Hospitals, Institutions, Transic Special Information only for Hospitals, Institutions, Transic	
BIRTHPLACE OF MOTHER (State or County)  BIRTHPLACE OF MOTHER (State or County)  BIRTHPLACE OF MOTHER (State or County)  SPECIAL INFORMATION only for Hospitals, Institutions, Transic	
OF FATHER (State or County)  MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (State or County)  SPECIAL INFORMATION only for Hospitals, Institutions, Transic	ation down Days
OF MOTHER  BIRTHPLACE OF MOTHER (State or County)  SPECIAL INFORMATION only for Hospitals, Institutions, Transic	
SPECIAL INFORMATION only for Hospitals, Institutions, Transic	tion)Days
(State or County)  SPECIAL INFORMATION only for Hospitals, Institutions, Transic	J. M. D.
SPECIAL INFORMATION only for Hospitals, Institutions, Transic	Quie Ba
Recent Residents.	Institutions, Transients, or
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  Former or Usual Residence.  How long at Usual Residence.  Place of Death	
(Informant) Suph Handre Where was disease contracted?	
(Address) Callitzin Pa SS Judes Cymely 18 Date of BURIAL SS Judes Cymely 18 Date of BURIAL	OF BURIAL
Filed 12 190 & Morbulal UNDERTAKER almost dun Black Lick	ESS KZCKP4

COMMONWEALTH OF PENNSYLVANIA.