

ORIGINAL CERTIFICATE OF DEATH

Reserved for
Coding

Race

Institution

Occupation

Out of State
Residence

LOCAL FILE NUMBER

1537

DECEASED

First Middle Last

Edward

SEX

Male Female

DATE OF DEATH

July 26 1984

1. RACE (e.g., White, Black, Hispanic, American Indian, etc.)

2. AGE (Last Birthday)

3. UNDER 1 YEAR

4. UNDER 1 DAY

5. DATE OF BIRTH

6. COUNTY OF DEATH

7. INSIDE CITY OR VILLAGE LIMITS

8. YES NO

9. CITY, VILLAGE OR TOWNSHIP OF DEATH

10. DAYS

11. HOURS

12. MIN.

13. HOSPITAL OR OTHER INSTITUTION-Name (If none of these, give street and number)

14. SURVIVING SPOUSE (If wife, give maiden name)

15. IF HOSP OR INST

16. YES NO

17. STATE OF BIRTH (If not in U.S.A., name country)

18. CITIZEN OF WHAT COUNTRY

19. MARRIED

20. NEVER MARRIED

21. SEPARATED

22. WIDOWED

23. SOCIAL SECURITY NUMBER

24. RESIDENCE STATE

25. COUNTY

26. VILLAGE OR TOWNSHIP OF RESIDENCE

27. INSIDE CITY OR VILLAGE LIMITS

28. YES NO

29. STREET AND NUMBER

30. KIND OF BUSINESS OR INDUSTRY

31. FATHER-NAME

32. FIRST

33. MIDDLE

34. LAST

35. MOTHER-MAIDEN NAME

36. FIRST

37. MIDDLE

38. LAST

39. Mailing Address

40. Street or R.F.D. No.

41. LOCATION

42. ADDRESS

43. Street or R.F.D. No.

44. City or Village

45. State

46. Zip

47. Signature

48. DATE

49. Month

50. Day

51. Year

52. Signature

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