Form V. H. 1-A					
PUDDED AT OPC	URITY AGENCY	COMMONWE	LTH OF KENT		56- 12883
U. S. PUBLIC H	EALTH SERVICE	BUREAU C	F VITAL STATISTICS	РЕВ НО. 116	10
NATIONAL OFFICE	VITAL STATISTIC		ATE OF DEATH	REGISTRAR'S NO	68
	Registr	ration District No. / C	Primary Begistrati	m District No. 2	425
1. PLACE OF E	DEATH		2. USUAL RE	SIDENCE (Where de	ceased lived. If institution: residence before
	0N760M	FRY	e. STATE	/ b. co	SATH edmission)
TOWN ATT	ocrporate limite, write 1	C. LENGTH STAY (In this pi	OF c. CITY (II option	de corporate limite, write	BURAL and give township)
d. FULL NAME OF HOSPITAL OR INSTITUTION	MARY C	institution, give street address	d. STREET ADDRESS	(If rural, give location	6)
S. NAME OF DECEASED	a. (First)	b. (Middle)	G. (Last)	4. DATE	, (Month) (Day) (Year)
(Type or Print)		W	MABERT	DEATH /	14/ 23- 1956
5. SEX	L COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIYORCED (8000)	B. DATE OF BIRTH	9. AGEIIA	rears If Under 1 Year If Under 24 Hrs
VARLE	WHILE	MAINTIED	20215-16-1	470 TES	Mosthe Days Hours Min.
ion. USUAL OCCUPAT done during most o	ION(Give kind of work	Ob. KIND OF BUSINESS OR DUST	IN- II. BIRTHPLACE (Blat	or foreign country)	12. CITIZEN OF
13. FATHER'S NAME		TAIMETY.	14. MOTHER'S MAIDE	KY_	WHAT COUNTRY?
WIIFY	RABY AT	-9 //	AMA 1/C	N NAME	R~V
IS. WAS DECEASED EVI	ER IN U. S. ARMED FO	ORCES? IL. SOCIAL SECUR		T	12/
(Yes, no, or unknown) (If	yes, give war or dates of	(service) N	o. QLA- Po	V.SZ	
IS. CAUSE OF DEATH		MEDICAL	CERTIFICATION		INTERVAL BETWEEN
Enter only one cause per line for (a), (b), and (c)	DIRECTLY LEADING	TO DEATH (a)	-charmy	mia	ONSET AND DEATH
	ANTECEDENT CAUS	TO DEATH (a)	polimin	mia	ONSET AND DEATH
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