		es Francisco Berry
-	PERSONAL AND STATISTICAL PARTICU	
3 SEX	4 COLOR OR RACE Married Muldowed or Divorced	migle 10 DATE OF DEATH Out 3/4.
ma	TE OF BIRTH	
6 DY	Cours 12th	1915 from Qat 131/21024 to Q1+3111,
7.AG	(Month) (Day)	F LESS than (that I last saw here alive on act 29th
1	1 9 18	hay hrs. and that death occurred on the date stated above at/
8 00	UPATION TOS	The CAUSE OF DEATH* was as follows:
par	Trade, profession or No 2	- Perlussa
but	eneral nature of industry, iness or establishment in ch employed (or employer)	<u> </u>
9 131	RTHPLACE . A	(Duration) yra mosk
(80	Columbus, ahr	Contributory Classes State Contributory (Secondary)
	10 NAME OF FATHER S	(Duration) yre. mose
	100 111 111	(Signed) (Address) MANALLAN
5 .	11 DIRTHPLACE	
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from
PARENTS	OF FATHERITY) 12 MAIDEN NAME OF MOTIFEL	*State the Disease Causing Death, or, in deaths from Causes state (I) Means of Injury; and (I) whether Acc Sulcidal or Homicidal.
PARENTS	12 MADISA NAME OF MOTHELL 12 MATISA NAME OF MOTHELL 13 HIRTHULAGE	PHARE the Disease Causing Death, or, in deaths from Causes state in Menns of Injury; and (i) whether Act Salekial or Homicidal. IS LENOTH OF RESIDENCE For Hospitals, Institution signits or Recent Residents)
d d	OF FACHING GRIde or Copity) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER GRIDE OF COMITY) 12 MIRE PLACE OF MOTHER GRIDE OF COMITY)	State the Disease Causing Death, or, in deaths from Causes state in Menns of Injury) and (i) whether Act State and Injury) and (ii) whether Act State and Injury) and (ii) whether Act State and Injury) and (iii) is Injury) and (iii) is Injury) and (iii) in the case of Recent Residents) in the case of Recent Residents) in the case of Recent Act State and Injury).
I TI	OF TATHISH (State or Confur) E MATHEN NAME OF MOTHER OF MOTHER (State or constry) E ABOVE 18 TRUE TO THE BERT OF MY K	State the Disease Caship Death, or, in deaths from causes state in Means of Injury; and (i) whether Associated or Homeloidal. IS LINCTII OF RESIDENCE (For Hospitals, Institution signal or Recent Residents) in the of death, yrs most off death, yrs most off, State yrs most Where was disease contracted, if not at place of death.
I TI	OF FACHING GRIde or Copity) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER GRIDE OF COMITY) 12 MIRE PLACE OF MOTHER GRIDE OF COMITY)	State the Disease Cashing Death, or, in deaths from cancer state in Menns of Injury; and (i) whether Ac Sidelaid of Homeleidal. ELENGTH OF RESEDENCE (For Hospitals, Institution signits or Recent Residents) at place of death, yrs. most where was disease contracted, where was disease contracted.

MARRIE RESERVED TO