

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26058

File No. _____

Registered No. _____

1. PLACE OF DEATH

County

Vot. Pct.

Inc. Town

City

Registration District No.

Primary Registration District No.

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St., _____ Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OF RACE

5. Single, Married, Widowed
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH

7. AGE

Years

Months

Days

If LESS than
1 day hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE

13. NAME

14. BIRTHPLACE

15. MAIDEN NAME

16. BIRTHPLACE

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____ death is said
to have occurred on the date stated above, at 3- A. M.
The principal cause of death and related causes of importance
in order of onset were as follows:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide? _____ date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) _____, M. D.

(Address) _____

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See Instructions on back of certificate.