MANUAL TECENARY CO. TOIL DINEMA

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Comm v. m. 1-300 m. 10-18-10 Sommonlines	dith of Kentucky
I PLACE OF DEATH	ARD OF HEALTH
THE REAL OF V	TAL STATISTICS
County CERVIFICAT	E OF DEATH 45409
EII Burn	1/400
Vot. Pct. / Augustin	File No.
Taxana la	
Inc. Town Camps Show	Registered No.
City(No	St.; Ward) [If death occurred a hospital or institution
	give its NAME instruction of street and number
2 FULL NAME Ausen dan	unally
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED.	16 DATE OF DEATH
m w wioowed, on oivonoofd (Write the word)	191.
	(Month) (Day) Year
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased fr
Jan 6 1850	Did not side whim at allow
(Month) (Day) (Year)	
AGE If LESS tha	
1 dayhr	
21-yrs. 4- mos. ds. or min.?	
OCCUPATION	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or	71 7 + + 2 11 7
particular kind of work	Chrone Intersecul Rephis
(b) General nature of Industry	
	with invalent
business, or establishment in 1/	with involvent
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ousiness, or establishment in the own Employed (or employer) the own Employed	(Duration) (O yrs mos
pusiness, or establishment in the awn Employed (or employer). Her awn Employed (BIRTHPLACE (State or country))	Contributory
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Dustness, or establishment in the own Englage which employed (or employer). Her own Englage BIRTHPLACE 10 NAME OF FATHER Bart Ramwater 11 BIRTHPLACE	Contributory
10 NAME OF FATHER BANK Ramwaller 11 BIRTHPLACE	Contributory (Signed) (Signed) (Signed) (Signed) (Signed)
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