

MARGIN RESERVED FOR BINDING

B. WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated. 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.

File No. **8556**

CERTIFICATE OF DEATH
Registration District No. 336
Primary Registration District No. 4657

Registered No.

2. FULL NAME

(a) Residence. No. _____ St., _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

(a) Residence. (Usual place of abode)			How long in U. S., if of foreign birth?		
Length of residence in city or town where death occurred	yrs.	mos.	yrs.	mos.	ds.

PERSONAL AND STATISTICAL PARTICULARS

5a. If married, widowed, or divorced
HUSBAND of Mr Mary Reinwald
(or) WIFE of

7. AGE	Years <input checked="" type="checkbox"/>	Months	Days	IF LESS THAN 1 day or min
68		2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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 Conrad Hanway
Jr

15. MAIDEN NAME *Conynckton*

16. BIRTHPLACE Los Angeles, California

17. INFORMANT..... *Clifford Reynolds*
Coins Store

18. BURIAL, CREMATION, OR REMOVAL

Place 1. New York Date 7

18. UNDERTAKEN.....

(Address)

20. FILED 5-8, 1934 myra W
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____, death is said
to have occurred on the date stated above, at _____m.

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance
in order of onset were as follows: _____ Date of _____

in order of onset were as follows.

Diagnosis	Date of onset
Nephritis Chronic	

1. The first part of the document is a list of names and their corresponding dates. The names are: John Doe, Jane Smith, and Bob Johnson. The dates are: 1990, 1991, and 1992.

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Contributory causes of importance not related to principal cause:

[illegible]

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:

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.....

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

deceased? If so, specify

(Signed N. K. Thompson, Jr.), M. P.
Travis Store

(Address) _____

#1988