

## TRANSCRIPTION OF DEATH RECORD

Year:	Vol:	Page:	Reg. no:
Name:			
Town:		County:	
Place of Death:			
Residence:			
Sex:	Color:	Date of Death:	
If married, widowed or divorced:		I hereby certify that I attended the deceased from _____ to _____ I last saw _____ alive on _____ Death is said to have occurred on the date above at _____	
Husband or Wife of:			
If stillborn:			
Age:	Years:      Months:      Days:		
If less than 1 day, Hours:      Minutes:		The principal cause was:	Date of onset:
Profession:			
Industry:		The contributory cause was:	
Social Security No.:			
Date last worked:	Total years:		
Birthplace:		If > Operation/ Autopsy/ related to occupation	
Name of Father:		Doctor:	
Birthplace of Father:		Address:	
Name of Mother:		Place of Burial:	
Birthplace of Mother:		Date of Burial:	
Informant:		Undertaker:	
Address:		Address:	
Certifier:		Date Filed:	

Transcriber: \_\_\_\_\_ Date: \_\_\_\_\_