2.73 07261826A (FORM to be used for making out Occasional Copies of Entries of DEATHS for transmission to the Registrar-General, and for no other purpose.) 100 Shiurone in the Union of DEATHS Registered in the District of in the Count DCA Q Signature, Qualification, and Residence of Informant. Certified Cause of Death, and Duration of Illness. Rank, Profession, or Signature of Registrar. Age last Birth-day. No. Date and Place of Death. Name and Surname. Condition. When Registered. Sex. Occupation. (4.) (3.) (6.) (10.) (11.) (1.)(5.) (9.) (2.) (7.) (8.) Thomas Fifth michael ver Com hads F 41 n int ril FOSuph 313 tapleton male married Bmon masm C fur has ark 1873 m poe B 2 不 Rynha nedical at mlli tendant to Dricano **I**, _Registrar of Births and Deaths in the District of Docrea on scon _in the Union of Nº ? do hereby certify that this is a true copy of the Entry No. in the Registrar's Book of Deaths, within the said in the Count in District. Witness my hand this. day of 18 Heury Kements 12 FRegistrar. Thay examined the above, and have compared it with the said original Registrar's Book, and hereby certify that it is a true Copy. Witness my hand this. day of am _Superintendent Registrar [Deaths S.] 12

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