07261826B (FORM to be used for making out Occasional Copies of Entries of DEATHS for transmission to the Registrar-General, and for no other purpose. DEATHS Registered in the District of Thuron in the Union 19 ciea in the County Signature, Qualification, and Residence of Informant. Signature of Registrar. Pres Bank, Profession, or Occupation. Certified Cause of Death, and Duration of Illness. Der When Registered: Age last Birth-day. Condition. No. Date and Place of Death. Name and Surname. Sex. (11.) (10.) (9.) (8.) (7.) (6.) (3.) (4.) (5.) (2.) (1.) april Sh. Soward ashernie april 10 m mas ha 7 115 hine Dain 181 ia 1873 De Amen In for AN anne Jone huils 314 For Some No Riger 禾 Nov. honeygal time EB16 vone _Registrar of Births and Deaths in the District of $\boldsymbol{\mathsf{C}}$ purone in the Union of. I, Hum 11uscm in the Registrar's Book of Deaths, within the said _do hereby certify that this is a true copy of the Entry No._3/4 in the Count 5 <u>~0]</u> District. Witness my hand this_ VIC Yvscon Registrar. 1Un Kement I have 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 and Guly Superintendent Registrar [Deaths S.]

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