[FORM to be used for making out Occasional Copies of Entries of DEATHS for transmission to the Registrar-General, and for no other purpose.]

Analy in the Union of

1										
Хэ .	Date and Place of Death.	Name and Surname.	Sex.	Condition.	Age last Birth-day.	Rank, Profession, or Occupation.	Certified Cause of Death, and Duration of Illness.	Signature, Qualification, and Residence of Informant.	When Registered.	Signature of Registrar.
(1.)	(2.)	(3.)	(4.)	(5.)	(6.)	(7.)	(8.)	(9.)	(10.)	(11.)
ઋ્	1885 Eighth November Bressdrummund	Henry Knighan	Male	Marriel	84 Years	Farmer	Centified	William le Knighen Son of deceard. present at the death	Formlen Vormlen	
							12.11.95	Clasedrummond	1485	
I, William Thomash Registrar of Births and Deaths in the District of the Analy in the Union of Listense										
in the Count of do hereby certify that this is a true copy of the Entry No. 18 in the Registrar's Book of Deaths, within the said										
District. Witness my hand this 10 day of 1886.										
William Thomson Registrar.										
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 16 the										

DEATHS Registered in the District of

[Deaths S.]