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

4

DEATHS Registered in the District of *Kilmallock* in the Union of *Kilmallock* in the County of *Limerick*

No. (1.)	Date and Place of Death. (2.)	Name and Surname. (3.)	Sex. (4.)	Condition: (5.)	Age last Birth-day. (6.)	Rank, Profession, or Occupation. (7.)	Certified Cause of Death, and Duration of Illness. (8.)	Signature, Qualification, and Residence of Informant. (9.)	When Registered. (10.)	Signature of Registrar. (11.)
219	1888 <del>May 26th</del> <i>Kilmallock</i>	<del>Margaret</del> <i>Casey</i>	<i>F</i>	<i>married</i>	<i>63</i> <i>years</i>	<i>Labourer's</i> <i>Wife</i>	<i>Chronic</i> <i>Bronchitis</i> <i>one Week</i>	<i>John his</i> <i>Casey</i> <i>Mark</i>	18__	Registrar

Registered before

I, *Thomas O'Dea* Assistant Registrar of Births and Deaths in the District of *Kilmallock* in the Union of *Kilmallock* in the County of *Limerick* do hereby certify that this is a true copy of the Entry No. *219* in the Registrar's Book of Deaths, within the said District. Witness my hand this *29th* day of *December* 1888

*Thomas O'Dea* Assistant 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 *20th* day of *April* 1889

*John MacMahon* Superintendent Registrar.

[Deaths S.]

M.A.