[FORM to be used for making out Occasional Copies of Entries of DEATHS for transmission to the Registrar-General, and for no other purpose.] 04747489 DEATHS Registered in the District of Moveymore in the Union of M lectin the County of No. Date and Place of Death. Name and Surname. Rank, Profession, or Occupation. Condition. Certified Cause of Death, and Duration of Illness. Signature, Qualification, and Residence of Informant. When Registered. (4.) (5.) (6.) (10.) (11.) Hebruary neenan Registrar I, William Mi Lucy Registrar of Births and Deaths in the District of Moneyman in the Count 1 of In An Alng do hereby certify that this is a true copy of the Entry No. 143 in the Union of Mash or District. Witness my hand this\_ in the Registrar's Book of Deaths, within the said Julian he her 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. 20 [Deaths S.] Superintendent Registrar.

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