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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.]

DEATHS Registered in the District of <u>Ballychannon</u> in the Union of <u>Ballychannon</u> in the County of <u>Donegal</u>										
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.)
169	18-91 October Fifteenth Back Street Ballychannon	Mary Leely	F	Spinster	72 years	Other	Debility Thomas McGowan one week present death on medical attendant Ballychannon	Thomas McGowan husb present at death Bishop Street Ballychannon	18-91 October Fifteenth	William Lipscomb Asst. Registrar

I, James Law Attinson Registrar of Births and Deaths in the District of Ballychannon in the Union of Ballychannon in the County of Donegal do hereby certify that this is a true copy of the Entry No. 169 in the Registrar's Book of Deaths, within the said District. Witness my hand this 15th day of June 1892

James Law Attinson Registrar. Interim

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 7th day of July 1892

W. W. W. W. Superintendent Registrar.

[Deaths S.]