[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 Coleraine					in the Union of Colerance			in the County_or	_ in the County of ondoudarry			
	No.	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.		
۶	(1.)	(2.)	(3.)	(4.)	(5.)	(6.)	(7.)	(8.)	(9.)	(10.)	(11.)		
Par	,	1891 hoestywnth hovember hew market be Colerance	1-	Fime	mærried G	54 Jean	Publican's wife	Circhosi. Lovyears Harnowhoge Six days Certified	A Sivins Present at beath Waterick		Registrar		
į	I, Registrar of Births and Deaths in the District of Loberance in the Union of Stances in the Count 4 of Soundary do hereby certify that this is a true copy of the Entry No. 411 in the Registrar's Book of Deaths, within the said												
District. Witness my hand this													
I have examined the above, and have compared upon the said original Registrar's Book, and hereby certify dath at is a true copy. We makes my makes the day of													