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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.]

17

DEATHS Registered in the District of <u>No. 6</u> in the Union of <u>York</u> in the County of <u>the City of York</u>										
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.
(1.)	(2.)	(3.)	(4.)	(5.)	(6.)	(7.)	(8.)	(9.)	(10.)	(11.)
439	1895 May Stourtevant 68 Mansfield Waste	William Morgan McLweeney	M	Widower	46 years	retired Merchant	Cholic regurgitation Cholera 29 mos Certified	G. M. M. Lweeney Son Present at Death 6 Vincents View Mansfield	May Seventeenth 1895	Denis C Obmon Registrar

I, P. P. Sutton Registrar of Births and Deaths in the District of No. 6 in the Union of York in the County of the City of York do hereby certify that this is a true copy of the Entry No. 439 in the Registrar's Book of Deaths, within the said District. Witness my hand this 12th day of March 1896

P. P. Sutton 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 13th day of April 1896

[Deaths S.]

Daniel Gorman Superintendent Registrar