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

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.
	(2.)	(3.)	(4.)	(5.)	(6.)	(7.)	(8.)	(9.)	(10.)	(11.)
(1.)	June Thurd	John m'hullan	Male		,	Labourer	Dropsy	Theophilus Inc millar Brother, frient at death	Twefth	Robert Henry
	Pallyrichad	Holland Comme				District of	Certified Combine	Ballyrickard in the Union	of how	Townara
	I. UTMIM	u young R	egistrar	of Births an	rd Deati	hs in the District of		_	15.	
	4	A 1 1 1 1		7 7 7		+ this is a tone com	of the Entry No.	in the Registrar's	$m{s}$ $m{Book}$ of $m{Deaths}$	s, within the said
in t	the Count Mof	bown		do hereby cer	rtify tha	t this is a true copy	y of the Entry No.	in the Registrar's	s Book of Death.	s, within the said
	the Count 1 of strict. Witness my	hi		do hereby cer	rtify tha	t this is a true copy	y of the Entry No.C.	in the Registrar's Rolect		s, within the saidRegistrar.
	strict. Witness my	hand this	day	of_fu	ly !	19	202	Robert	Henry	
Dis	strict. Witness my	hand this	day	of_fu	ly !	19	202	in the Registrar's Solect of the Registrar's series of the Registrary series of the Regis	Henry	_Registrar.

Deaths S.1