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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.]

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)
569	Her 1902 Deember Kulnahack	Eller BATA	(1 %) Jemal	danist	zoigu 75-io rearb		Bronehitis Synespe Bertified	Som o	Swenty- Second January 10-1903	Maurie Buen Registrar.
	I, <u>Uauv</u> e Count <u>y</u> of Yu	elbren R					George No. 36	_ 1	s baherei	

I, Laure Brew Registrar of Births and Deaths in the	District of Geowlichy in the Unio	on of Cahereiveen
in the County of Yavy do hereby certify that this is a tr	rue copy of the Entry No. 369 in the Registrar's	Book of Deaths, within the said
District. Witness my hand this 10th day of Desember	- 10 1903	
	Mauristare	Registrar.
I have examined the above, and have compared it with the said original Reg	istrar's Book, and hereby certify that it is a true Copy.	Witness my hand this 19 1
day of January 1904	If the self	Superintendent Registrar.
[Deaths 8.]		Superintentation Legistrar.

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