21

No.	Date and Place of Death.	Name and Surname.	Sex.	Condition.	Age last Birthday	Rank, Profession, or Occupation.	Certified Cause of Death and Duration of Illness.	Signature, Qualification, and Residence of Informant.	When Registered	Signature of Registrar	1
(1).	(2). 19 35	(3).	(4).	(5).	(6).	(7).	(8).	(9).	(10).	(11).	
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	I College Col	of houch		<i>'</i>	Registrar	of Births and Death		Darryhaue		in the Union	Registrar.
offrom th	e Entry of the Death	of Our	gury.	y hand, this	No	110	by certify, that this is a the Entry of the Death o	true copy of the Registrar's In Mary Daly	Book of Deaths w	vithin the said District	ant or Inte intendent please ins "Assistant terim" as