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SURNAME	 	



Death Certificate

NAME RESIDENCE COUNTY/STATE SEX/RACE STATUS SPOUSE/AGE BIRTHDATE AGE BIRTHPLACE JUSUAL OCCUPATION FATHER BIRTHPLACE MOTHER/MAIDEN NAME BIRTHPLACE INFORMANT ADDRESS BURIAL PLACE DATE FUNERAL HOME DEATH DATE CAUSE OF DEATH OTHER REGISTRAR PHYSICIAN VOLNO PAGENO CERTIFICATE NO	Fill in every blank. Use a dash or N/A where inf may be written at the bottom of the sheet.	ormation is not available. Then you know	nothing has been missed. Any additional information
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COURTHOUSE	COURTHOUSE		
RECORDED BY DATE	RECORDED BY		DATE