DIST. No.

CERTIFICATE OF DEATH.

CLASS No.				
11/91				

DISTRICT	OF	COLUMBIA.
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No. of RECORD

16	FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING	G THIS BLANK A	ND SPACE FOR REMARK	S MAY BE FOUND	O ON THE OTHER SIDE			
1.	Date of this Death	0		APR.	211916			
2.	Full Name of Deceased / MILL	Vma	Men		19			
3.	MALE YEARS. MONTHS DAYS Under sex, color and conjugal condition, Under color, the term "colored" include	5	WHITE COLORED INDIAN CHITAESE JAPATESE		6. Conjugal Condition: SINGLES, MARKEED, WIDOWED DIVORCED			
7.	Occupation Januar Con	u jin	rvers					
8.	Birthplace of Deceased Free Min	4			If born in the United			
9.	Birthplace of Father.				States, give State, Terri- tory or District; other-			
10.	Birthplace of Mother	_			wise, give country.			
11.	Duration of Residence in this District	re n	withs	1				
12. Place of Death KAVIBENMENT SOSIPIPAL FOR THE INSORD								
13.	Cause of Death PRIMARY Bronchofus IMMEDIATE Bronchofus	same on	-a					
14. If Death Occurred in an Institution, give								
	NAME OF INSTITUTION OF THE NAME OF	*OSPIZAL	POR THE INSAL	Sh.	775-7777			
	LENGTH OF TIME DECRASED WAS AN IN If Deceased Did Not Die at His strier Residence PLACE OF RESIDENCE PROPERTY THAT I attended the deceased profession	give		MZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	M. D.			
To Be Filled Out and Signed by the Undertaker:								
PLACE OF BURIAL PLEY JON / at Cereting DATE OF BURIAL CORN 75 19/6								
If Body is to Be Buried Outside of the District, State:								
Rou	SIGNATUI	ADDRESS	DATE OF REMOVE	leis So Va.	19 UNDERTAKER			

THIS SPACE RESERVED FOR BINDING