



OFFICE OF THE ASST. ATTORNEY GENERAL
 CERTIFICATE OF DEATH

Provide Name of Deceased
 and Date of Death

1. NAME
 Surname _____ Given _____ Middle _____

2. SEX
 Male Female

3. PLACE OF BIRTH
 State _____ County _____ City _____

4. TYPE OF BIRTH
 Normal Premature Stillborn

5. BIRTH DATE
 Month _____ Day _____ Year _____

6. MARRIAGE
 Single Married Widowed Divorced

7. CITIZENSHIP
 U.S. Born Foreign Born Naturalized

8. OCCURRENCE
 Death Stillborn

9. PLACE OF DEATH
 State _____ County _____ City _____

10. CAUSE OF DEATH
 Disease Injury Poison

11. CONDITION AT DEATH
 Normal Abnormal

12. OCCURRENCE
 Death Stillborn

13. DATE OF DEATH
 Month _____ Day _____ Year _____

14. SIGNATURE OF DECEASED

15. SIGNATURE OF WITNESSES

16. SIGNATURE OF REGISTRAR

17. SIGNATURE OF PHYSICIAN

18. SIGNATURE OF CLERK

19. SIGNATURE OF ASSISTANT

20. SIGNATURE OF DECEASED

21. PREPARED BY
 Name _____ Title _____

22. RECEIVED AT
 Date _____ Time _____

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	

Date: Oct. 21, 1968