

Certificate of Death

Certificate No.

DECEDENT'S NAME

DATE OF DEATH

PLACE OF DEATH

County

City, Town, or Location

SEX

AGE

RACE

MARITAL STATUS

SURVIVING SPOUSE

PLACE OF DISPOSITION

Cemetery, Crematory, or Specify Other

City, Town, or State

IMMEDIATE CAUSE OF DEATH

DUE TO (Consequence of)

DATE RECEIVED BY REGISTRAR

"X" indicates not shown on record

NOTATIONS