

Certificate of Death

Certificate No. _____

DECEDENT'S NAME _____

DATE OF DEATH _____

TIME OF DEATH _____

AUTOPSY _____

SEX _____ AGE _____ Under 1 year, mos/days _____ Under 1 day, hrs/min _____ Date of Birth _____

PLACE OF DEATH _____

County

City, Town or Location

Facility or Residence

HISPANIC ORIGIN _____

RACE _____

EDUCATION _____

SOC. SEC. NO. _____

BIRTH PLACE _____
City

State/Foreign Country

CITIZENSHIP _____
Country

VETERAN _____

MARITAL STATUS _____

SURVIVING SPOUSE _____

INDUSTRY _____

OCCUPATION _____

RESIDENCE _____

State

County

City, Town or Location

FATHER'S NAME _____

MOTHER'S NAME _____

INFORMANT _____

BURIAL _____

Method

Place

City

State

FUNERAL HOME _____

DIRECTOR _____

F.D. LICENSE # _____

ATTENDING PHYSICIAN _____

CERTIFIER _____

MANNER OF DEATH X

IMMEDIATE CAUSE OF DEATH _____

DUE TO (Consequence of) _____

DUE TO (Consequence of) _____

DUE TO (Consequence of) _____

DATE RECEIVED BY REGISTRAR _____

"X" indicates not shown on record

NOTATIONS