# DEATH {PRIVATE }

**Year:** _____ **Volume:** _____ **Page:** _____ **Record:** _____ **Certificate:** _____

**City/Town:** _____ **County:** _____ **State:** _____

Address: _____ or Institution: _____

**Date of Death:** _____ Time: _____

**Deceased:** _____ Maiden Name: _____

Residence: _____ Ward _____

Length of residence: _____years _____months _____days Veteran? _____

If alien, length of US residency: _____years _____months _____days US Citizen? _____

Sex: _____ Color/Race: _____ Marital Status: _____ Spouse: _____

Date of Birth: _____ Age: _____years _____months _____days

Birthplace: _____ Occupation: _____

Father: _____ Birthplace: _____

Mother: _____ Birthplace: _____

Informant: _____ Address: _____

Date of Filing: _____ Registrar: _____

Primary Cause of Death: _____ Duration: _____

Contributory Causes: _____ Duration: _____

_____ Duration: _____

Physician: _____ Address: _____

Physician attending from _____ to _____

Interment or Cremation–Place: _____ Date: _____

Undertaker/Mortuary: _____

**Comments** and Sourcing information (film roll#, etc):



Date of Search: _____ Place: _____ Researcher: _____