[If death occurred in a hospital or institution, give its NAME instead of street and number of the control of t	ST.; WARD) REGISTERED NO. 219
FULL NAME NAME instead of street and its	
(18a) RESIDENCE No. 325 For Str., ST.,	WARD. (If nonresident, give city or town and State)
Langth of residence in city or town where death occurred	How long in U. S. if of foreign birth? yrs.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GOLOR OR RACE SINGLE,	1° DATE OF DEATH (Nonth) (Day)
Tremale White WIDOWED OR DIVORCED Husband of (or) Wife of	"I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Ong. 3rd., 1923, To. Ong. 5, 1923
ODATE OF BIRTH Frely 23, 1898	THAT I LAST SAW HE ALIVE ON THE DATE STATED ABOVE, AT AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE, AT
AGE (Month) (Day (Year)	M. THE CAUSE OF DEATH WAS AS FOLLOWS:
25 yrs 5 mos /2 ds. by many min.?	acute gastro entermo
**OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer. **BIRTHPLACE (City or Town)	(DURATION) YRS. MOS. DS. CONTRIBUTORY (Secondary) Parliages of the heart (DURATION) YRS. MOS. DS. 10b WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?
1º NAME OF Alfhus Hanthier	DID AN OPERATION PRECEDE DEATH ?DATE OF
21 BIRTHPLACE OF FATHER (City or Town) fanala	WAS THERE AN AUTOPSY?
(State or Country) 13 MAIDEN NAME OF MOTHER OF MOTHER	WHAT TEST CONFIRMED DIAGNOSIS?
	(SIGNED) X. harbonneau M. D. Ong. 6, 1923 (ADDRESS) Ogdensburg, n. n.
18 BIRTHPLACE OF MOTHER (City or Town) Tanada (State or Country) STATE OF MY KNOWLEDGE	*STATE THE DISEASE CAUSING DEATH, or, in deaths from Violent Causes, State (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
(Informant) (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	PLACE OF BURIAL, CREMATION OR 12 DATE OF BURIAL REMOVALY of the Dans Aum. Sug. 8, 192,
16 Filed Mag: 7, 1923 Registr	DATE OF ISSUE Aug. 8, 1923
BURIAL OR PERMIT ISSUED BY	FOR GENEALOGY
CENEALOGY	FUN GEES ONLY

FOR GENEALOGY PURPOSES ONLY

PURPOSES ONLY