1037]

ries upon this side, and copy not to be written

No.	DESCRIPTION OF DECEASED. When and where died?	1. Name and Surname. 2. Rank, Profession, or Occupation.	Sex and Age.	CAUSE OF DEATH. 1. Cause of death. 2. Duration of last illness. 3. Medical Attendant by whom certified. 4. When he last saw deceased.	PARENTS. 1. Name and Surname of Father. 2. Name and, if known, Maiden Surname of Mother. 3. Rank or Profession of Father.	IF BURIAL REGISTERED. When and where buried?	Name and Religion of Minister, or Name of Witness of Burial.	WHERE BORN. 1. Where born? 2. How long in New Zealand?	IF DECEASED WAS MARRIED. 1. Where married? 2. At what age married? 3. To whom married?	If Issue living state Number and Sex.	INFORMANT. 1. Signature of the Informant. 2. His or her Description. 3. Residence. 4. If entry a correction of a former entry, Signatures of Witnesses attesting the same.	REGISTRAR. 1. Signature of the Registrar. 2. Date of Registration.
32	1889 July 22nd Lyttelton	Jane Cowan Housewife	Female 64 years	1a Pulmonary Emphysema years 2a 1b Cardiac Dropsy 2b 6 weeks 3 D. N. Guthrie 1889 4 July 22nd		24th July 1889 R.C. Lyttelton	The Rev. Chanders & Rev. Stevens Undertakers Certificate	1 Adam Is. Sus Land 2 36 years	1 Lyttelton 2 Thirty 3 John Cowan	4 boys 26 years 28 " 32 " 34 "	1 Chas. Lutton 2 Undertaker 3 Lyttelton	James O'Meany Registrar 1889 July 23rd