1 .	4 , ,									901
	192 <i>0</i> _	. DEAT	IS in the_	Parish of	(3.)	(4.)	Page 41.—  (phale in	the County	of Links	low (8.)
re Registered, of Registers.	N		nd Surname. selon, and whether ied, or Widowed.	When and Where Died.	Sex.	Ago.	Name, Surname, & Rank or Profession of Father. Name, and Maiden Surname of Mother.	Cause of Death, Duration of Disease, and Medical Attendant by whom certified.	Signature & Qualification of Informant, and Residence, if out of the House in which the Death occurred.	When and where Registered, and Signature of Register.
		Rann		119 20,	g.	18	John Kane	Debility from	Ihm Kama	1920,
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legistrar.	1 1	Shale o	niner)		4	<u> </u>	(deceased)	dr. B. C.dl.		
				liphall.	-	<del> </del>	(Mentelle)	EN PS. C.OM.		
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