	No.	DEATHS in the	(2.) When and Where Died.	(3.) Eex.	(t.) Age.	Name, Surname, and Rank or Profession of Father. Name, and Maiden Surname of Mother.	Cause of Death, Duration of Disease, and Medical Attendant by whom certified.	Signature and Qualification of Informant, and Residence, if out of the House in which the Beath occurred.	When and where Registered, and Signature of Registrar.
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