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No	П	Name and Surname. Rank or Profession, and whether Single, Married, or Widowed.	When and Where Died.	Sex.	Ago.	Name, Surname, and Rank or Profession of Father. Name, and Maiden Surnamo of Mother.	'suso of Death, Duration of Disease, and Medical Attendant by whom certified.	Signature and Qualification of Informant. a. ! Residence, if out of the House in which the Death or wred.	When and Where Regists and Eignature of Regists
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