

CERTIFICATE of an entry of DEATH - FORM No. 3

SPD(3) 127213

(Issued for the purposes of the First Schedule to the Industrial Assurance & Friendly Society Act 1948 and the Fifth Schedule to the Friendly Societies Act 1974)

Dist No.	rict 4-26	Year 198	8	Entry No.	25		
Death registered in the district of Lochove							
1.	Surname maxwell					2. Sex	
	Name(s) John M.						
3.	3. Occupation Clanic Charetakes (retired)						
4.	Marital status Widowea	5. Date of birth	Year 1908	Month	Day 30	6. Age 79 years	
7. Name(s), surname and occupation of spouse(s)							
8.	8. When and where died 19.88 april nineteenth. 0110 hours barners Hospital, windygates						
9. Usual residence (if different from 8 above) 2 Rochleven Yardens, Rochore.							
10. Name(s), surname and occupation of father 11. Name(s), surname(s) and maiden surname of mother							
	Cornelius Maxwell mary Jane Maxwell						
boal-mines M. Co. 4-leming						ing	
(deceased)							
12. Cause of death I(a) Bronchopneumonia							
(b) Acute on Chronic Respiratory Failure							
(c) Chronic Obstructive airway Disease and Emphysema							
П							
Certifying registered medical practitioner Nusrat Qadir							
13. Informant's signature, (Signed)							
and address 71 navitie Park, Ballingry							
14.	When registered Year Month	Day 15.	gned)	6.	Moffe	at Registrar	
16.						ricgistrai	
Certified to be a true copy of an entry in a register in my custody. Date							
	son to \ Name and surname (in	ann?	t Georie	maxw	ellon	ohustory,	
***	om issued) Address	B	alling	y.			
Relationship to deceased (DELETE THOSE INAPPLICABLE):—							