

100 17 11 10 100
CERTIFICATE OF DEATH

1. NAME OF DECEASED	2. SEX	3. AGE	4. DATE OF BIRTH	5. PLACE OF BIRTH
6. OCCUPATION	7. MARITAL STATUS	8. COLOR	9. RELIGION	10. EDUCATION
11. DATE OF DEATH	12. TIME OF DEATH	13. PLACE OF DEATH	14. CAUSE OF DEATH	15. MANNER OF DEATH
16. SIGNATURE OF DECEASED				
17. SIGNATURE OF WITNESSES				
18. SIGNATURE OF CLERK				
19. SIGNATURE OF MINISTER				
20. SIGNATURE OF JUDGE				
21. SIGNATURE OF SHERIFF				
22. SIGNATURE OF CORONER				
23. SIGNATURE OF HEALTH OFFICER				
24. SIGNATURE OF VITALS OFFICER				
25. SIGNATURE OF REGISTRAR				
26. SIGNATURE OF CLERK				
27. SIGNATURE OF MINISTER				
28. SIGNATURE OF JUDGE				
29. SIGNATURE OF SHERIFF				
30. SIGNATURE OF CORONER				
31. SIGNATURE OF HEALTH OFFICER				
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97. SIGNATURE OF REGISTRAR				
98. SIGNATURE OF CLERK				
99. SIGNATURE OF MINISTER				
100. SIGNATURE OF JUDGE				

STATE OF CONNECTICUT
 County of Fairfield

I, the undersigned, of the County of Fairfield, State of Connecticut, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the Registrar of the County of Fairfield, State of Connecticut, in the year 1909, at the date of the death of the deceased.

WM. D. HALL, County Clerk
 by *Charles H. Hall*
 Jan 11, 1910