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IN IN		300							Z≥Page1.	
ERMANENT				Aital He	ords Unit		-			
BLACK	DECEASED NAME	ocal File Numbe					1			
FOR		ROYCE	First	Middle	· ·	ast		Sta	ite File Number	
SEE	RACE White, Black, American Indian, etc, (specify)		PIERCE			.CE		DATE OF D	HEATH (month, day, yes	¥1)
HANDBOOK	3 White		1 36 3	AGE—Last b	rthday	Under 1 year	Under 1 day	2 Augu	ust 25, 198	3
	CITY, TOWN OR LOC	ATION OF DEATH	4 Male	1- 1.		nos days	hours min	DATE OF B	IRTH (month, day, yea)
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HOENCE ITEMS.		1		CITY, TOWN, OI	er		177 ~			
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	T 7	irst middle	last Me	OTHER Maiden Name		1 15d -	•∪• Box 38	6 .	(specify ye	e or no
-	Antiques -		9	Attomo	- Ander	kare les	INFORMANT_N	AME and relati	15e NO ionship to deceased	
-	REMOVAL MAUS (specification)	cify) CEI	METERY OR CREA	MATORY-NAME		son	18 Mary	Grace P	ierce, wif	_
POSITION	FINEDAL CERT	196	Eternal	Hills Crema	torv			CITY OF LOWIN		
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Del Con	NAME AND ADD	RESS OF CENTIFIE	on V	only					HOUR OF DEATH	
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5	CCIDENT (Specify Yes or A	DATE OF INJI	JRY [Mo. Day, Yr.]	HOUR OF INJURY		_	1	ISO	S MEDICAL EXAMINE	RNOT
e 26	NO JURY AT WORK	26h		1	DESCRIBE	HOW INJUR	Y OCCURRED		No	
(134	Decity, Yes or No!	PLACE OF INJUI office building, el	RY-At home, farm,	26c street, fectory	M 26d					
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