



SURNAME _____

Death Certificate

Fill in every blank. Use a dash or N/A where information is not available. Then you know nothing has been missed. Any additional information may be written at the bottom of the sheet.

NAME _____

RESIDENCE _____

COUNTY/STATE _____

SEX/RACE _____

STATUS _____

SPOUSE/AGE _____

BIRTHDATE _____

AGE _____

BIRTHPLACE _____

USUAL OCCUPATION _____

FATHER _____

BIRTHPLACE _____

MOTHER/MAIDEN NAME _____

BIRTHPLACE _____

INFORMANT _____

ADDRESS _____

BURIAL PLACE _____

DATE _____

FUNERAL HOME _____

DEATH DATE _____

CAUSE OF DEATH _____

OTHER _____

REGISTRAR _____ PHYSICIAN _____

VOL NO _____ PAGE NO _____ CERTIFICATE NO _____

COURTHOUSE _____

RECORDED BY _____ DATE _____