

C 3825

STATE OF IOWA DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

114-

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Form with fields for DECEASED (Name, Sex, Date of Death, Race, Age, Birth Date, Location, etc.), PARENTS (Father, Mother), CAUSE (Immediate Cause, Conditions, etc.), CERTIFIER (Physician Name, Address, Signature), and BURIAL (Cemetery, Location, Date, etc.).

DECEASED 16

PARENTS 1661

CAUSE 8-433

CERTIFIER

BURIAL

CPC-71277 220-0021 (6/85)

DATE RECEIVED LOCAL REGISTRAR 9-11-

DEATH CERTIFICATE

MAUDE REED

RS: Oct 7 1911

415ms 15th ADD N

TRURO

1992

7-7-92

C3825