

Line Number		NAME IN FULL			NAME OF THE OWNER		SEX	DATE	NAME OF DISEASE			AGE	Line Number		NAME IN FULL			WHERE BORN	OCCUPATION	CONSORT OF, OR UNMARRIED	SOURCES OF INFORMATION		Remarks, Surgeon, or Family	
																						Name of Person giving Information of Death	Designation of Informant, whether Physician, Surgeon, Coroner, Head of the Family, Friend, &c.	
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