

15/000001/02-2477

No.	DESCRIPTION OF DECEASED			CAUSE OF DEATH	PARENTS	BURIAL	WHERE BORN	IF DECEASED WAS MARRIED		INFORMANT	REGISTRAR	
	1. When died. 2. Where died.	1. Name and Surname. 2. Profession or Occupation.	1. Sex (M. or F.) 2. Age	1. Causes of Death and Intervals between Onset and Death. 2. Medical Attendant by whom certified. 3. When he last saw Deceased (i.e., before death).	1. Name and Surname of Father. 2. Name and Surname of Mother. 3. Maiden Surname of Mother. 4. Profession or Occupation of Father.	1. When buried. 2. Where buried.	1. Name of Minister (or Names of Witnesses). 2. Religion of Minister.	1. Where born. 2. How long in New Zealand.	1. Where married. 2. At what Age married. 3. To whom married. 4. Age of Widow, if living.	If Issue living, state Ages each Sex	1. Signature. 2. Description. 3. Residence.	1. When Registered. 2. Signature of Registrar.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
19	(1) 5 March 1961 (2) Public Hospital Balclutha from Jellystone Street Kaitangata	(1) James Cameron (2) Labourer	(1) M (2) 76	(1) Hepatic coma 4 days (2) Carcinoma of Head of Pancreas 9 months (3) J. A. Kirihi (4) 5 March 1961	(1) James Cameron (2) Margaret Cameron (3) Parker (4) Farmer	(1) 7 March 1961 (2) Kaitangata	(1) John Bands (2) Presbyterian	(1) Immigrant (2) 76 years	(1) - (2) 23 (3) Florence Thompson (4) no widow	M. 49 45 F. 43	(1) J. H. Cameron (2) Funeral Director (3) Balclutha	(1) 8 March 1961 (2) J. H. Cameron Registrar.

*I HEREBY certify that entries numbered

to

include are true duplicates of entries made in the Register-book of Deaths in my office during the quarter ended the true signatures of the respective persons whose signatures they purport to be.

day of

19

, and that the signatures are the

195

*Note—This certificate is required only on the sheet containing the last entry of the quarter.

, Registrar.