

DESCRIPTION OF DECEASED.			CAUSE OF DEATH.		PARENTS.		IF BURIAL REGISTERED, WHEREBORN		IF DECEASED WAS MARRIED.		INFORMANT.	REGISTRAR.
No.	When and where died?	1. Name and Surname. 2. Rank, Profession, or Occupation.	Sex and Age.	1. Cause of death. 2. Medical attendant, by whom certified. 3. When he last saw deceased.	1. Name and Surname of Father. 2. Name and, if known, Maiden Surname of Mother. 3. Rank or Profession of Father.	When and where buried.	Name and Rank of Minister, or Name of Witness of Burial.	1. Where born? 2. How long in New Zealand?	1. Where married? 2. At what place? 3. To whom married?	If living, state Number and Sex.	1. Signature of the Informant. 2. If entry a correction of a former entry, Signatures of Witnesses attesting the same.	1. Signature of the Registrar. 2. Date of Registration.
16	1886 12 May Harpur	1. <i>Arch. Williams</i> 2. <i>Cohamoro</i> <i>Wife.</i>	<i>Male</i> <i>44</i>	<i>1. Suicide</i> <i>2. Not known</i> <i>3. W. Nelson M.D. Harpur, N.Z.</i> <i>4. 10th May 1886.</i>	<i>1. Anne Clark</i> <i>2. Christina Clark</i>	<i>May 12, 1886</i> <i>East Chisle</i>	<i>Arch. Williams M.D.</i> <i>West. Chisle</i>	<i>1. Not known</i> <i>2. Not known</i> <i>3. Not known</i>	<i>1. Not known</i> <i>2. Not known</i> <i>3. Not known</i>	<i>3 Chisle</i> <i>4 Chisle</i> <i>5 Chisle</i>	<i>1. John Grant</i> <i>2. 18 May 1886.</i>	<i>1886</i>