

VITAL STATISTICS

| | | | | | |
|--|----------|--|--|---|----------------|
| NAME-First | | Middle | Last | SEX | DATE OF DEATH |
| PLACE OF DEATH(City/Town) | | COUNTY OF DEATH | | NAME OF: (Hospital, Nursing Facility, ect.) | |
| PLACE OF DEATH HOSPITAL | | | OTHER | | |
| <input type="checkbox"/> Inpatient | | <input type="checkbox"/> ER/Outpatient | | <input type="checkbox"/> DOA | |
| <input type="checkbox"/> Nursing Home | | <input type="checkbox"/> Residence | | <input type="checkbox"/> Other(Specify) | |
| SOCIAL SECURITY | | VETERAN(Specify War) | | DECEDENT OF HISPANIC ORIGIN | |
| | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes(Specify) | |
| RACE | ANCESTRY | | EDUCATION | <u>Elem. 0-12</u> | <u>College</u> |
| | | | | | AGE |
| DATE OF BIRTH | | | BIRTHPLACE(City,State) | | |
| MARITAL STATUS | | | LAST SPOUSE(Give Maiden Name) | | |
| USUAL OCCUPATION | | | KIND OF BUSINESS | | |
| RESIDENCE(Street, City, County, State) | | | | | ZIP |
| FATHER'S NAME | | | BIRTHPLACE(State) | | |
| MOTHER'S NAME(Give Maiden Name) | | | BIRTHPLACE(State) | | |
| INFORMANT'S NAME | | | | | |
| ADDRESS(Street, City, State, Zip) | | | | | |
| RELATIONSHIP TO DECEASED | | | METHOD OF DISPOSITION(Burial, Cremation, ect.) | | |
| FUNERAL SERVICE LICENSEE | | | LICENSE NUMBER | | |
| PLACE OF DISPOSITION(Name of Cemetery/Crematory, ect.) | | | | | |
| LOCATION(City/Town,State) | | | DATE OF DISPOSITION | | |