1922_{-1}						District of Novos							
When Died.	Name and Surname.	Sex.	Age.	Rank or Profession.	Usual Residence.	Birthplace, and Length of Residence in Commonwealth.	Age at Marriage or Re- marriage.	Number of Issue Living. M. F.	Number of Issue Deceased. M. F.	Cause of Death.	Place where Death occurred.	Signature, Description, and Residence of Informant.	Signature of Registrand Date of Registr
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IT IS HEREBY CERTIFIED THAT THE ABOVE IS A TRUE COPY OF AN ENTRY IN A REGISTER KEPT IN THIS OFFICE.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 16 DAY OF MARCH , 1987

PRINCIPAL REGISTRAS

R.O. H