REGISTER OF DEATHS

NAME OF DECEASED			RESIDENCE		HOSP. NO.	DATE OF DEATH				SEX	COLOR OR RACE	MARI-TAL STATUS	DATE OF BIRTH			USUAL OCCUPATION	BUSINESS OR INDUSTRY	BIRTHPLACE State or Foreign Country	FATHER'S NAME	
Last Name	First Name	Middle Name	Street Address	City or Town		Mo.	Day	Year	Hour				Mo.	Day	Yr.				Last Name	First Name

BINDING MARGIN - NOPRINTING

FORM C-157 and C-158

With A-Z index. Bound book style. Size 17" x 11". Double-page spread. 25 lines per page. Binding: Black cloth with red corners and back. **C-157** has 500 entries and 20 pages. **C-158** has 1,000 entries and 40 pages.

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REGISTER OF DEATHS

	MOTHER'S NAME Maiden Name	First Name	Middle Name	SERVED IN U.S. ARMED FORCES	SOCIAL SECURITY NUMBER	CAUSE OF DEATH (Disease or Condition directly leading to death)	ANTECEDENT CAUSES and other Significant Conditions	O - OPERATION A - AUTOPSY C - CORONER'S	ATTENDING PHYSICIAN	DATE CERTIFICATE WAS SIGNED	MORTICIAN