

I CERTIFY THIS TO BE A TRUE COPY OF THE CERTIFICATE RECEIVED FOR RECORD. ATTEST: *John A. Donovan* ASS'T REGISTRAR SEP 09 2002

BUREAU OF VITAL STATISTICS.

State of Connecticut.

*Revised  
Bureau*

CERTIFICATE OF DEATH.

To be returned to the Registrar of the Town in which the Death occurred, as the Law directs.

I CERTIFY the following return to be correct from the best information which I can obtain:

That his name in full was *George Petzjan*  
Deceased Name, if wife or widow \_\_\_\_\_  
Place of Death, No. *25 Riverside Street,* Ward, Town of \_\_\_\_\_  
Number of Families, if tenement house \_\_\_\_\_, Duration of Disease *13 months*  
Date of Death *Apr. 15<sup>th</sup> 1894,* Residence at time of Death *Waterbury*  
Sex *Male*, Color *White*, Race \_\_\_\_\_, Occupation *Labourer*  
Age *62* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Marital Condition *Widowed*, if a wife or widow, Husband's Name \_\_\_\_\_  
Place of Birth *France* Town \_\_\_\_\_ State or Country \_\_\_\_\_  
Father's Name \_\_\_\_\_, Mother's Name \_\_\_\_\_  
Place of Birth of Father *France*, Mother \_\_\_\_\_  
Cause of Death, { Primary *Cerebro-Spinal Meningitis - last year*  
Secondary *Paralysis -*  
Signature of Physician, *W. L. Parker*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 189

[SEE OVER.]

Insert his or her.  
If other than white—(A.) African. (M.) Mulatto, (I.) Indian. If other races, specify what.  
Single, Married, or Widowed.

[BE VERY PARTICULAR TO FILL ALL BLANKS.]