2293 NORTH MAIN STREET, DANIEL D. THOMAS M.D., CORONER, 32. DATE FILED (Month, Day, Year) 31 HEALTH OFFICERS SIGNATURE nach 0 346 NURY AT WORK? 34e. DATE OF INJURY 34d. DESCRIBE HOW INJURY OCCURRED 33 MANNER OF DEATH 396 TIME OF (Month. Day. Year) (Yes or no) INJURY Natural Pending ☐ Accident ,205 34F LOCATION (Street and Numberfor Hard) Regio Number. City or Town. State) 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Suicide Could not be ☐ Homicide 349 DATE PRONOUNCED DEAD (Month. Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrien, etc. December 5, 1992 No State Form 10110 (R3 / 3-92)

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HEALTH OFFICER

CORONER

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