

DEATH WORK SHEET
FILL IN AVAILABLE INFORMATION

405
1189 NAME JOSLYN ALVIN

VOL 3 PAGE 198

DATE OF DEATH OCT 26, 1966

AGE 77 yrs 6 mo

SEX _____

PLACE OF BIRTH UNITED STATES

PLACE OF DEATH U.S. NAVAL CEMETERY

MOTHER'S NAME _____

FATHER'S NAME _____

PARENT'S PLACE OF BIRTH _____
FATHER MOTHER

CAUSE OF DEATH PARALYSIS - DURATION 5 DAYS

BURIAL PERMIT # _____

PLACE OF BURIAL _____

PHYSICIAN BROWN

SEXTON L. PIERCE

NAME OF PERSON REPORTING _____

UNDER TAKER _____

The above listed information is on file
in the Buffalo City Clerk's office.

Gerald A. Chwalinski

Registrar

FOR GENEALOGICAL
PURPOSES ONLY