

DEATH WORK SHEET
FILL IN AVAILABLE INFORMATION

405
1189 NAME Joslyn, Alvin

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DATE OF DEATH Oct 36, 1900

AGE 77 years 6 mos

SEX _____

PLACE OF BIRTH United States

PLACE OF DEATH Wm G New Castle York

MOTHER'S NAME _____

FATHER'S NAME _____

PARENT'S PLACE OF BIRTH

FATHER

MOTHER

CAUSE OF DEATH Paralysis - Dimation - 5 Day

BURIAL PERMIT # _____

PLACE OF BURIAL _____

PHYSICIAN T 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**