

CERTIFICATE OF CAUSE OF DEATH.

**** The Person who registers the Death MUST BRING THIS CERTIFICATE TO THE REGISTRAR (if not already sent).**

BIRTHS AND DEATHS REGISTRATION ACT (IRELAND), 1880.

MEDICAL CERTIFICATE of the CAUSE of DEATH.

[To be signed and given by the Medical Attendant to some person by the Act required to give information concerning the Death to the Registrar of the District in which the Death occurred, and to no other person.]

I HEREBY CERTIFY that I attended Private Med Preece
 whose age was stated to be 19 years; that I last saw him on the 21st day
 of oct 1918; that he died* on the 21st day
 of oct 19 , at† Sturles Hospital; and that to the best
 of my knowledge and belief the cause of his death and duration of his illness were as hereunder written.

* Should the Medical Attendant not feel justified in taking upon himself the responsibility of certifying the fact of Death, he may here insert the words, "as I am informed."

† In case the death occurred in a Public Institution, the person filling the Certificate is requested to state also the particulars as under.

‡ The duration of each form of Disease or Symptom is reckoned from its commencement until death occurs.

Cause of Death.	Duration of Disease ‡			
	Years	Months	Days	Hours
(a) Primary <u>Influenza</u>			<u>8</u>	
(b) Secondary <u>Pneumonia</u>			<u>5</u>	

Witness my hand, this 22 day of oct 1918.

† Former stated Residence of deceased.

Signature J. W. Barry

Registered Qualification M.D.

Residence Sturles

N.B.—This Certificate is intended solely for the use of the Registrar. The person to whom it is given by the Medical Attendant must deliver it or cause it to be delivered to the Registrar within five days of its receipt, and in default of such delivery is liable to a penalty not exceeding £2.

Entered at No. _____, in Register of Deaths, District of _____ Union of _____

Registrar.

Date.

[OVER.]