

XG 036318

CERTIFIED COPY of an



ENTRY OF DEATH

Issued at a fee of one shilling in pursuance of
to the INDUSTRIAL ASSURANCE AND

and for the purposes of the First Schedule
FRIENDLY SOCIETIES ACT, 1948.

Registration District..... **LEEK**

184 DEATH in the Sub-district of..... **LEEK** in the..... "COUNTY OF STAFFORD"

Columns :-									
1	2	3	4	5	6	7	8	9	
No.	When and where died	Name and surname	Sex	Age	Occupation	Cause of death	Signature, description, and residence of informant	When registered	Signature of registrar
<i>184</i>	<i>Second First February 1964 26 Alma Street Leek.</i>	<i>Betsy Heeks.</i>	<i>Female</i>	<i>88 Years</i>	<i>Widow of William Henry Heeks Grocer.</i>	<i>1st Old Age. Certified by H. Kelswanson M.D.</i>	<i>Clark. Tom informant 26 Alma Street Leek</i>	<i>Twenty four second February 1964</i>	<i>[Signature] Registrar</i>

I HEREBY CERTIFY that the above is a true copy of an entry of death in a Register Book in my custody.

Witness my hand this..... *25* day of..... *February* 19..... *64* *[Signature]* Registrar.

Person to whom issued:

Name and surname (in full)..... *Michael Rowley*

Address..... *106 Ravens Lane*

..... *Signal End S.O.T.*

Relationship to deceased : child, adopted child, stepchild, grandchild. (Delete those inapplicable.)

CAUTION :—Any person who (1) falsifies any of the particulars on this certificate, or (2) uses a falsified certificate as true, knowing it to be false, is liable to prosecution.