## Lethream, James Full Name of Deceased I hereby report this death, and certify that the annexed statements are true, according to the best of my knowledge Age Color 4 Birthpiace. day of If foreign born how long in U. S. Residence. Occupation. County. Cross out words not required. The State of Delaware. Single, Married, Wid Sex [Signature of Reporter] Regirned to the Recorder of Deeds, &c., in and for Kent County, this Name and Nation of [Bigned] by day of Father. Maiden Name and Nation of Mother. [Residence] Al. D. allet .≅ Winess my hand this Thistiant Cause of Death and Complications. Killed at Clayton COUNTY OF KENT. Date of Death. Place of Death. É residing Reported by Returned by

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NO MUTILATED CERTIFICATE WILL BE RECEIVED.

**CERTIFICATE**