

FORM OF INFORMATION OF A DEATH.  
AANGIFTE VAN 'N STERFGEVAL.

(Act No. 17 of 1923.—Wet No. 17 van 1923.)

WARNING.—The penalties for false statements wilfully made are the same as those for perjury.  
WAARSKUWING.—Die straf vir valse verklaarings met opset, is dieselfde as in die geval van meened.

DECEASED.—OORLEDENE.

1. Christian names and surname Wolf Friedman  
Voorname en familienaam
2. (a) Name of parent or guardian (if deceased was under the age of ten) \_\_\_\_\_  
(a) Naam van ouer of voog (as oorledene onder die ouderdom van tien jaar was)

- (b) Place of residence of mother\* \_\_\_\_\_  
(b) Woonplek van moeder\*

3. Sex Male 4. Age 67 years 5. Race European  
Geslag Onderdom Ras
6. Birthplace Lithuania 7. Whether single, married, divorced, widower, or widow Married  
Geboorteplek Ongetroud, getroud, geskei, wewenaar of weduwee
8. Occupation Stock Farmer own  
Beroep
9. Pensioner or dependent of pensioner \_\_\_\_\_  
Gepensioeneerde of afhanklik van gepensioeneerde

10. Date of death Twenty-fourth July 1951 19\_\_\_\_  
Datum van afsterwe
11. Place of death Lady Dudley Nursing Home Johannesburg  
Plek waar oorlede
12. Usual place of residence Vrydreef-Vryburg Cape Province  
Gewone woonplek
13. Intended place of burial West Bank Cemetery Johannesburg  
Voorgenome begraafplek
14. Causes of death Congestive Cardiac failure  
Oorsake van dood  
Hypostatic pneumonia Myocardial degeneration

(In the case of the death of a mother when giving birth to a child, the words "first child" or "not first child" must be inserted.)  
(In die geval van die dood van 'n moeder by die geboorte van 'n kind, moet die woorde "eerste kind" of "nie eerste kind nie" ingevoeg word.)

15. Duration of disease or of last illness 1 month, 1 day 3 years  
Duur van kwaal of laaste siekte
16. Name of medical practitioner J B Baynash  
Naam van geneeskundige praktisyn

INFORMANT.—BERIGGEWER.

17. Original signature (or mark) Wald A M Wald  
Eie handtekening (of merk)
18. Qualification Causing burial  
Hoedanigheid
19. Residence 14 Sixth Street Orange Grove Johannesburg  
Woonplek

To be filled in when the form is signed before a Justice of the Peace or Police Officer.  
Moet ingevul word wanneer die vorm voor 'n vrederegter of polisiebeampte geteken word.

Signed before me at \_\_\_\_\_ on this the \_\_\_\_\_  
Geteken voor my te \_\_\_\_\_ op hede die \_\_\_\_\_

day of \_\_\_\_\_ 19\_\_\_\_  
dag van \_\_\_\_\_  
Justice of the Peace or Police Officer.—Vrederegter of Polisiebeampte.

The following spaces are reserved for the use of an Assistant District Registrar and of the District Registrar.  
Die volgende ruimtes is vir die gebruik van die assistent-distriksregistrateur en van die distriksregistrateur.

When registered or received \_\_\_\_\_ 19\_\_\_\_ Station \_\_\_\_\_  
Wanneer geregistreer of ontvang Standplaas

(Signature) \_\_\_\_\_ Assistant District Registrar.  
(Handtekening) \_\_\_\_\_ Assistent-distriksregistrateur.

When registered JUL 24 1951 19\_\_\_\_ District JOHANNESBURG  
Wanneer geregistreer Distrik

(Signature) \_\_\_\_\_ District Registrar.  
(Handtekening) 7484 9 Distriksregistrateur.

No. of entry \_\_\_\_\_  
No. van inskrywing

\* To be given in the case of an infant less than 1 year who dies in the institution where it was born.  
\* Moet aangegee word in die geval van 'n kind onder 1 jaar wat sterf in die inrigting waarin dit gebore is.

For instructions see reverse of form.  
Vir instruksies sien agterkant.

For use in Head Office only :—  
Alleen vir gebruik in hoofkantoor :—

Index Card checked \_\_\_\_\_ Form checked \_\_\_\_\_  
Indekskartaat nagesien Vorm nagesien

Card received for filing \_\_\_\_\_ Indexed \_\_\_\_\_  
Kaart ontvang vir opbêre Op indeks geplaas

REGISTERED	REGISTERED	REGISTERED	REGISTERED
INDEXED	INDEXED	INDEXED	INDEXED
SEARCHED	SEARCHED	SEARCHED	SEARCHED
SERIALIZED	SERIALIZED	SERIALIZED	SERIALIZED

This margin must be left blank for binding purposes.—Hierdie ruimte moet oopgelaat word vir inbinding.

422  
XXX  
1  
3

422

2/3  
MEM