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Registrar's office at the Khortitsa village Soviet.

Book # <u>1</u>_

Of <u>Khortitsa</u> District <u>Zaporozh'e</u> Region from year 1927.

People's Commissariat

RECORD OF DEATH # 8 (general)

(3) of men count # 5 of female count

1. Date of the record entry: "15" day of the month of February 1927.	
2. Is a "dead-born" being registered? If dead-born, under which numberis registered?is registered?	tered in the book of births? Is pronounced
3. Last name, first name, of the departed: Agnes Anganita Abramovna	
4. Gender <u>female</u> 5. Age (how many complete years since birth) <u>76</u>	
5a. For children, who died before reaching the age of 1 year. Specify: a) year 192_ mo	
th day b) the departed child was the mother's first, second or	·
Age of father "" and mother "".	
6. When died: 19 <u>27</u> in the month of <u>February</u> on the " <u>13</u> " day. 7. Permanent reside	nce: region Zaporozh'e
District Khortitsa Village Kantserovka	
or townstreet	house #
8. If died not at the place of residence, specify location (name of the hospital, hostel etc.	.)
9. Ethnicity German . Earned for living himself? herself	if not himself, who supported the departed?
11. In what way did the departed or the person supporting	nim earn for living? (specify what type of work
skill, job, position, or had income from property, retirement, scholarship etc.) agr	culture
12. Place of work (name of the enterprise) or worked on own property	
13. Position in the job: owne	or co-owner, member of a working brigade,
clerk, labourer, helping member of family (underline what's needed)	

14. Family status of the departed: widow
14a If married: a) how many times was married b) when got married last
c) how old is the spouse d) how many children were born from this marriage
e) how many of them are alive: boys girls adults
15. Cause of death Doctor notice #
Last name, first name, patronymic of the applicant Andres, Iakov Ivanovich
Applicant's address Kantserovka .
Names and numbers of the documents <u>oral statement by her son</u> .
Distinctive marks
Signature of the applicant