

U.S.S.R.

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People's Commissariat  
of Internal Affairs

Registrar's office at the Khortitsa village Soviet. Book # 2

Of Khortitsa District Zaporozh'e Region from year 1927.

**RECORD OF DEATH #** 27 (general)

# 16 of men count # (11) of female count

1. Date of the record entry: "1" day of the month of September 1927.

2. Is a "dead-born" being registered? If dead-born, under which number \_\_\_\_\_ is registered in the book of births? Is pronounced dead? \_\_\_\_\_.

3. Last name, first name, of the departed: Thiessen, Abram.

4. Gender male 5. Age (how many complete years since birth) 27.

5a. For children, who died before reaching the age of 1 year. Specify: a) year 192\_ month of \_\_\_\_\_.

\_\_\_\_\_ <sup>th</sup> day b) the departed child was the mother's first, second or \_\_\_\_\_.

Age of father "        " and mother "        ".

6. When died: 1927 in the month of August on the "31" day. 7. Permanent residence: region Zaporozh'e

District Khortitsa Village Kantserovka

or town \_\_\_\_\_ street \_\_\_\_\_ house # \_\_\_\_\_

8. If died not at the place of residence, specify location (name of the hospital, hostel etc.) regional hospital

9. Ethnicity German. Earned for living himself? yes if not himself, who supported the departed?

\_\_\_\_\_ 11. In what way did the departed or the person supporting him earn for living? (specify what type of work, skill, job, position, or had income from property, retirement, scholarship etc.) motorist

12. Place of work (name of the enterprise) or worked on own property factory #4

\_\_\_\_\_ 13. Position in the job: owner or co-owner, member of a working brigade, clerk, labourer, helping member of family (underline what's needed)

14. Family status of the departed: single

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**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

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15. Cause of death pneumonia Doctor notice # \_\_\_\_\_

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Last name, first name, patronymic of the applicant Thiessen, Isaak

Applicant's address Kantserovka

Names and numbers of the documents oral statement of the brother

Distinctive marks \_\_\_\_\_

Signature of the applicant Thiessen