

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 # 4 (general)**

3

# 3 of men count # (1) of female count

1. Date of the record entry: "24" day of the month of January 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: Krugin, Elena.

4. Gender female 5. Age (how many complete years since birth) \_\_\_\_\_.

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5a. For children, who died before reaching the age of 1 year. Specify: a) year 1926 month of July.

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

Age of father "36" and mother "24".

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6. When died: 1927 in the month of January on the "22" day. 7. Permanent residence: region Zaporozh'e

District Khortitsa Village Novoslobodka

or town \_\_\_\_\_ street \_\_\_\_\_ 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? \_\_\_\_\_ if not himself, who supported the departed?

father 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.) supported by father.

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12. Place of work (name of the enterprise) or worked on own property \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

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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 Authorised representative of the village of Novoslobodka Penner Iv. Iak.

Applicant's address village of Novoslobodka, Khortitsa district

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Names and numbers of the documents \_\_\_\_\_.

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

Signature of the applicant \_\_\_\_\_.