

DEATH IN THE STATE OF WESTERN AUSTRALIA

Form No. 514.

DUPLICATE REGISTER OF DEATH. 12991 *12991*

No.	When and where died.	Name and Surname.	Sex.	Age.	Rank or Profession.	Cause of Death.	Signature, Description, and Residence of Informant.	When Registered.	Signature of Registrar.
2302	<i>1885</i> Jan. 30	Sarah Downs	F	58		Exhaustion Certified by Dr. Hope	<i>J. Downs</i>	<i>1885</i> Jan. 31	<i>Herbert</i>

I certify that this is a true copy of particulars kept in the Registry of Births, Deaths and Marriages, Perth, Western Australia.

[Signature]
CERTIFYING OFFICER

DATE 10 MAR 2010



NOTE: Any alteration of the substance of this certificate will render the document valueless. Any person attempting an alteration is liable to prosecution.