G.R.O.—R.01050—D.E&M—6,000P.—16.1.46.

Item No. F.—B.&D.—S.D.

SOUTHERN RHODESIA

Information of a Death: Chapter 149

WARNING.—Before the informant signs on line 13, the entries on other lines should be read over to him (or her) and for (or She) Should be asked whether they are correct. (See Rees 54 (b), (i), 163 and 168.) The penalties for false statements wilfully made are the same as those for perjury. Anyone who loses a COMPLETED registration form is liable to a penalty not exceeding £5.

DECEASED—

1. *Christian* Names and Surname DAVID REIFF
(To be written in block capitals.)

2. Sex Male

3. Usual Place of Residence Plumtree.

4. Age Seventy Five Years

5a. Race European (European, Asiatic, etc.) 5b. Birthplace Russia (Name of Country, State or Colony.)

6a. Whether Single, Married, Divorced or Widowed Married

6b. If Married, Divorced or Widowed, state No. of Children Deceased has had four

7. Occupation Merchant

8. Date of Death Twenty-eighth Day of September (Day and month to be written in words.) 1946

9. Place of Death Government Hospital, Bulawayo.

10. Intended Place of Burial The Cemetery, Bulawayo.

11a. Causes of Death Carcinoma, Splenic Flexure of Colon, Cachexia.

11b. Duration of last Illness Ten Months.

12. Medical Man's Name and Place of Residence (in-full) Dr. J.R.Strong, Bulawayo.

INFORMANT—

13. *Original* Signature [or Mark] A Fulam

14. Qualification HOSPITAL SECRETARY.
(State whether "Rural Assistant" (specify precise relationship to deceased); "Occupier of House," etc. (See Rees, 140-8)

15. Residence BULAWAYO.

(This space intended for Rural Areas reports only. When a "Rural Assistant or Police Officer" fills in the details for the informant, he should add the words, "Form written out by me," and sign as "Rural Assistant" or "Police Officer," as the case may be.)

Signed in my presence on this ..... day of ..... 19.....

..... Witness

The following spaces are reserved for the use of Assistants for Urban Areas, and of the Deputy Registrar. No one else should fill them up.

When Registered ..... 19 Sub-district of .....

(Signature) ..... Assist. to Deputy Registrar *(Urban Areas)*.

When Registered 10 10 1946 District or Bulawayo

(Signature) ..... District Registrar Bulawayo 735

M.B.—If the Certificate of a Medical Practitioner is attached, the causes of Death and duration of illness must be recorded in the Registration Book by the Deputy Registrar or Assistant to the Deputy Registrar (Urban Areas) as stated in such Certificate, which is to be attached to the form.

NOTE.—If informant in Municipalities, Townships, Villages and Special Urban Areas do not appear personally before D.R. or A.D.R., proper Declaration must be completed and attached hereto. In Rural Areas, Informants can report in three ways—one being under Declaration. Medical Certificate essential in Urban Areas.