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## C. R. H A L L


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| but I belleve ber friends were expect-Ing it."-Brooklyn Life. |  |
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|  |  | Elpplication to tbe Burial Xeague of the United ฐtates |
| :---: | :---: | :---: |
|  |  | Name Residence |
|  |  | Ago Nationality |
|  |  | Bornat ${ }^{\text {a }}$ - Year Day Month |
|  |  | 2 When did you (or nominee) last require the attention of a physician |
| ${ }_{\text {an }}^{\text {annual }}$ anfificont |  | What for (give full particulars) |
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| buriai com: |  | 3 Are you now (or the nominee) and have you been in goad health for the past |
|  |  | 4 Are you (or the nominee) afflicted with any hereditary or chronie diseases; if |
|  |  | 6. Have any of your family or parents died of consumption, or any other hereditary disease; if so, state who and how many |
|  |  | 7 Deascription of nominee: 1 Sax N Nationlity |
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|  | ou want | ${ }^{6}$ Color of eyes $\quad 7$ Physical identification mark |
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|  | ALL YOUR CHILDREN | Annual Deposita, 8 Registration Fee, [ [ . |
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|  | send their ages and we will |  |
|  | forward Appplication |  |
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