

**FORM OF INFORMATION OF A DEATH.  
AANGIFTE VAN 'N STERFGEVAL.**

(Act No. 17 of 1923.—Wet No. 17 van 1923.)

**WARNING.**—The penalties for false statements wilfully made are the same as those for perjury.  
**WAARSKUWING.**—Die straf vir valse verklaarings met opset, is dieselfde as in die geval van meened.

**DECEASED.—OORLEDENE.**

1. Christian names and surname Samuel Edward Krune Mghayi  
Voornaam en familienaam
2. (a) Name of parent or guardian (if deceased was under the age of ten) --  
(a) Naam van ouer of voog (as oorledene onder die ouderdom van tien jaar was)
- (b) Place of residence of mother\* --  
(b) Woonplek van moeder\*
3. Sex Male 4. Age 70 years 5. Race Xosa.  
Geslag Ouderdom Ras
6. Birthplace Cape Province. Whether single, married, divorced, widower, or widow Married.  
Geboorteplek Agriculturist Ongetroud, getroud, geskei, wewenaar of weduwe
8. Occupation Teacher Cape Education Department. B.  
Beroep
9. Pensioner or dependent of pensioner No.  
Gepensioeneerde of afhanklik van gepensioeneerde
10. Date of death Twenty ninth July 1945. 1945  
Datum van afsterwe
11. Place of death Berlin, District King William's Town.  
Plek waar oorlede
12. Usual place of residence Berlin, District King William's Town.  
Gewone woonplek
13. Intended place of burial Berlin, District King William's Town.  
Voorgenome begraafplek
14. Causes of death Ill defined disease.  
(In the case of the death of a mother when giving birth to a child, the words "first child" or "not first child" must be inserted.)  
Oorsaak van dood  
(In die geval van die dood van 'n moeder by die geboorte van 'n kind, moet die woorde „eerste kind" of „nie eerste kind nie" ingevoeg word.)
15. Duration of disease or of last illness 2 weeks.  
Duur van kwaal of laaste siekte
16. Name of medical practitioner H. Mark  
Naam van geneeskundige praktisyn

**INFORMANT.—BERIGGEWER.**

17. Original signature (or mark) H.C. Zol + Mghayi  
Eie handtekening (of merk)
18. Qualification Adult present at death  
Hoedanigheid
19. Residence Berlin, District King William's Town.  
Woonplek

To be filled in when the form is signed before a Justice of the Peace or Police Officer.  
Moet ingevul word wanneer die vorm voor 'n vredereger of polisiebeampte geteken word.

Signed before me at \_\_\_\_\_ on this \_\_\_\_\_  
Geteken voor my te \_\_\_\_\_ op hede die \_\_\_\_\_

day of \_\_\_\_\_ 19\_\_\_\_\_  
dag van \_\_\_\_\_  
Justice of the Peace or Police Officer.—Vredereger of Polisiebeampte.

The following spaces are reserved for the use of an Assistant District Registrar and of the District Registrar.  
Die volgende ruimtes is vir die gebruik van die assistent-distriksregistrator en van die distriksregistrator.

When registered or received 30th July 1945 Station Berlin  
Wanneer geregistreer of ontvang F. Rautenbach Standplaas  
(Signature) F. Rautenbach Assistant District Registrar.  
(Handtekening) F. Rautenbach Assistent-distriksregistrator.  
When registered 14th August 1945 District King William's Town  
Wanneer geregistreer Blunstead Distrik  
(Signature) Blunstead District Registrar.  
(Handtekening) Blunstead Distriksregistrator.  
No. of entry 302/1945  
No. van inskrywing

\* To be given in the case of an infant less than 1 year who dies in the institution where it was born.  
\* Moet aangegee word in die geval van 'n kind onder 1 jaar wat sterf in die inrigting waarin dit gebore is.

For instructions see reverse of form.  
Vir instruksies sien agterkant.

For use in Head Office only:—  
Alleen vir gebruik in hoofkantoor:

Index Card checked \_\_\_\_\_ Form checked \_\_\_\_\_  
Indekskartaat nagesien \_\_\_\_\_ Vorm nagesien \_\_\_\_\_  
Card received for filing \_\_\_\_\_ Indexed \_\_\_\_\_  
Kaart ontvang vir opberep \_\_\_\_\_ Op indeks geplaas \_\_\_\_\_

This margin must be left blank for binding purposes.—Hierdie ruimte moet oopgelaat word vir inbinding.

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