1870 FEDERAL MORTALITY SCHEDULE

State- County- Town/Township-

Family number, as given in column 2d of schedule 1.	Name of every person who died during the year ending the 1st of June 1870, whose usual place of abode at time of death was in this family.	Description			Married or Widowed	Place of Birth (Naming the State, Territory, or Country, if of foreign birth)	Parentage		The month in which the person died	Profession, Occupation, or Trade	Disease or cause of death
		Age	Sex	Color (White, Black, Mulatto, Chinese, Indian)			Father of foreign birth?	Mother of foreign birth?			
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**

Remarks:_____

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