

CERTIFICATE OF DEATH

STATE FILE NUMBER
20140043358

DECEASED NAME

ALONZA GORDEN

DATE OF BIRTH

SEX

DATE OF DEATH

04/22/1946 [REDACTED]

08/08/2014

PLACE OF DEATH

COUNTY OF DEATH

[REDACTED]

[REDACTED]

RESIDENCE ADDRESS

SOCIAL SECURITY NUMBER

[REDACTED]

[REDACTED]

MUNICIPALITY OF RESIDENCE

COUNTY OF RESIDENCE

[REDACTED]

[REDACTED]

DOMESTIC STATUS

SURVIVING SPOUSE/PARTNER

(Name given at birth or on birth certificate)

[REDACTED]

[REDACTED]

MANNER OF DEATH: [REDACTED]

CAUSE OF DEATH:
[REDACTED]

DATE ISSUED: **AUGUST 27, 2014**

DATE FILED WITH REGISTRAR: [REDACTED]

AMENDED DATE:

ISSUED BY:
[REDACTED]

This is to certify that the above is correctly copied from a record on file in my office.

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Vincent T. Arrisi

Vincent T. Arrisi
State Registrar
Office of Vital Statistics and Registry



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