

Entry No. (Name)	1. Date of Death (Te ra i Mate ai). 2. Place of Death (Te kainga i Mate ai).	1. Name in full (Te ingoa). 2. Residence (Tona kainga). 3. Hapu (Tona hapu).	1. Sex (He Tane he Wahine ranei). 2. Age (if known) (Tona pakeke (mehemea e mohiotia ana)).	1. Name of Husband or Wife (if any) (Te ingoa o tana Tane o tana Wahine ranei (mehemea ia he pera)). 2. Number and Sex of Children (if any) living (Te tokomaha o nga Tamatiki e ora ana (mehemea ia he pera) me te whakaatu mai i nga mea tane me nga mea wahine).	1. Duration of Last Illness (Te roa ona e pangia ana e tona Mate Whakamutunga). 2. Name of Medical Practitioner giving Certificate (if any) (Te ingoa o te Takuta nana i whakaputa te Tiwhikete (mehemea ia he pera)). 3. Date when Medical Practitioner last saw Deceased (Te ra mutunga i kite ai te Takuta i te Tupapaku).	1. Name (Ingoa). 2. Residence (Kainga). 3. Hapu (Tona hapu). 4. Description.*	FATHER 1. Name (Ingoa). 2. Residence (Kainga). 3. Hapu (Tona hapu). 4. Description.*	1. Name or Signature (Ingoa). 2. Residence (Kainga). 3. Occupation (Tana Mahi). 4. Degree of Relationship (if any) to deceased (Tona whanaunga taunga ki te tupapaku (mehemea ia he pera)).	1. Date of Registration (Ra i rehitatia ai). 2. Signature of Registrar (Hainatanga o te Kai-rehita).
2	1. 1922 18 June 2. District Hawke Bay.	1. Livia Hojiwari 2. District Hawke Bay. 3. Ngati Kahumunu.	1. Female 2. 86	1. not known 2. 81.	1. Severe Decay Heart Failure 2. - 3. James Ritchie 4. 10 June 1922	1. not known 2. not known 3. not known 4. mouri of gull blood.	1. Melanilla 2. boromandel 3. not known 4. mouri of gull blood.	1. Robert Twelfthman 2. Shames 3. undertaker 4.	1. 21 June 1922 2. J. P. Bush. Registrar (Kai-rehita).

Entry No. (Name)	1. Date of Death (To ra i Tūāhau). 2. Place of Death (To rainga i Māhāia).	1. Name in full (To rainga). 2. Description (To rainga). 3. Height (To rainga).	1. Sex (To rainga). 2. Age (To rainga). 3. Appearance (To rainga).	1. Name of Husband or Wife (To rainga). 2. Name of Mother (To rainga). 3. Name of Father (To rainga). 4. Name of Siblings (To rainga).	1. Duration of Last Illness (To rainga). 2. Name of Medical Practitioner (To rainga). 3. Name of Medical Practitioner (To rainga). 4. Date when Medical Practitioner last saw deceased (To rainga).	1. Name (To rainga). 2. Address (To rainga). 3. Date (To rainga).
2	1. 1922 18 June 2. District Kauai, Hawaii.	1. Livia Kohimau 2. District Kauai. Kauai, Hawaii.	1. Female 286	1. Not known 2. 1.	1. Seville Drury Kauai, Hawaii. 2. James Rilelie 10 June 1922	1. Not known 2. Not known 3. Not known 4. Not known

