

U.S.S.R.

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People's Commissariat  
of Internal Affairs

Registrar's office at the Khortitsa village Soviet. Book #    

Of Khortitsa District Zaporozh'e Region from year 1927.

**RECORD OF DEATH # 39 (general)**

3 # 20 of men count # (19) of female count

1. Date of the record entry: "9" day of the month of November 1928.

2. Is a "dead-born" being registered? If dead-born, under which number \_\_\_\_\_ is registered in the book of births? Is pronounced dead? \_\_\_\_\_.

3. Last name, first name, of the departed: Thiessen, Petr

4. Gender male

5. Age (how many complete years since birth) 71

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5a. For children, who died before reaching the age of 1 year. Specify: a) year 192    month of \_\_\_\_\_.

\_\_\_\_\_ <sup>th</sup> day b) the departed child was the mother's first, second or \_\_\_\_\_.

Age of father "   " and mother "   ".

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6. When died: 1928 in the month of November on the "8" day. 7. Permanent residence: region Zaporozh'e

District Khortitsa Village Khortitsa

or town \_\_\_\_\_ street \_\_\_\_\_ house # \_\_\_\_\_

8. If died not at the place of residence, specify location (name of the hospital, hostel etc.) \_\_\_\_\_

9. Ethnicity German. Earned for living himself? no if not himself, who supported the departed?

\_\_\_\_\_ 11. In what way did the departed or the person supporting him earn for living? (specify what type of work, skill, job, position, or had income from property, retirement, scholarship etc.) \_\_\_\_\_ received aid from the insurance office \_\_\_\_\_.

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12. Place of work (name of the enterprise) or worked on own property \_\_\_\_\_

\_\_\_\_\_ 13. Position in the job: owner or co-owner, member of a working brigade, clerk, labourer, helping member of family (underline what's needed)

14. Family status of the departed: married \_\_\_\_\_

**14a** If married: a) how many times was married \_\_\_\_\_ b) when got married last \_\_\_\_\_.

c) how old is the spouse 65 d) how many children were born from this marriage \_\_\_\_\_

e) how many of them are alive: \_\_\_\_\_ boys \_\_\_\_\_ girls \_\_\_\_\_ adults

15. Cause of death tuberculosis Doctor notice # \_\_\_\_\_

Last name, first name, patronymic of the applicant Thiessen, Abram \_\_\_\_\_.

Applicant's address village of Kantserovka \_\_\_\_\_.

Names and numbers of the documents \_\_\_\_\_.

Distinctive marks \_\_\_\_\_.

Signature of the applicant A. N. Thiessen \_\_\_\_\_.