No.	DESCRIPTION OF DECEASED.			CAUSE OF DEATH.	PARENTS.	IF BURIAL REGISTERED.		WHERE BORN.	IF DECEASED WAS MARRIED.		INFORMANT.	REGISTRAR.
	When and where died.	1. Name and Surname. 2. Rank, Profession, or Occupation.	Sex and Age.	1. Cause of Death. 2. Duration of last Illness. 3. Medical Attendant by whom certified. 4. When he last saw deceased.	1. Name and Surname of Father. 2. Name and, if known, Maiden Surname of Mother. 3. Rank or Profession of Father.	When and where buried.	Name and Religion of Minister, or Name of Witness of Burial.	1. Where born. 2. How long in New Zealand.	1. Where married. 2. At what Age married. 3. To whom married.	If Issue living, state Number, Age, and Sex.	1. Signature of the Informant. 2. His or her Description. 3. Residence. 4. If entry a correction of a former entry, Signatures of Witnesses attesting the same.	1. Signature of the Registrar. 2. Date of Registration.
911	1903 16 September Grey Street Auckland	Philip John Cain Commercial Traveller	M 22 Years	Phthisis Pleurisy 5 years Dr Kerr 15 September 1903	John Gill Cain Sarah Ann Cain formerly Shiels Cook	17 September 1903 Auckland	Rev J. D. Patterson Roman Catholic	Auckland 22 years			† Little Undertaker Auckland	E. W. Lyons Reg 19 September 1903 ✓