| CERTIFICATE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Vital Records Section Local File No. 1. PLACE OF DEATH COUNTY OF ON ON ON ON ON ON ON ON ON | E Co | | | State File No. |
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| OF THE CONTRIBUTION STAY (in this place) VILLAGE MANDESS (IT runk give location) A STREET MOSTITUTION A STREET MOSTITUTION S. SEX S. C. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE (IT runk give location) S. SEX G. COLOR DR RACE TO MARRIED REVER MARRIED STATE R | h CITY (If ditaide co | Constanting write PUPAL and give to LENGTH OF | TOWNSHIP | Caton |
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| 3. NAME OF DECRASED (Type or Print) DECRASE | HOSPITAL OR H | 588 Main St. | ADDRESS | Tain) |
| 5. SEX S. COLOR PR RACE 7. MARRIED, NEVER MARRIED, 18. DATE OF BIRTH 18. Late includes 19 foot a many in working lifeyeas in regime of working lifeyeas in r | 3. NAME OF DECEASED | b. (Middle) | | Month) (Day) (Year) |
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| 13. FATHER'S AIME | 10a. USUAL OCCUPATION | (Give kind of work 10b, KIND OF RUSINESS OR INDUSTR | Y I 11. BIRTHPLACE (State or foreign country) | 112. CITIZEN OF WHAT COUNTRY? |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.) "This does not mean the mode of dying, such as heart failure, astheria, etc.] "This does not mean the mode of dying, such as heart failure, astheria, etc.] "This does not mean the mode of dying, such as heart failure, astheria, etc.] "This does not mean the mode of death but not related to the disease of condition contribution." "This does not mean the mode of death but not related to the disease of condition." "This does not mean the mode of death but not related to the disease of condition." "This does not mean the mode of death but not r | done during most of working | life eyen if retired) 715 postel of | Quelina Indian | 7/87 5 |
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| Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE SUICID | mode of dying, such as heart | rise to the above cause (a) stating the underlying cause last. | | TAT |
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| 22. I hereby certify that I attended the deceased from 19.5 H, to 19.5 H, to 19.5 H, that I last saw the deceased alive on 10/18 19.5 H, and that death occurred at 9.2 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d, LOCATION/(City, village, twp., opcounty) (State) REMOVAL (Specify) 10/22/344 (Dradawa) Removalle, Calma Co. Which | | | | RIN |
| 22. I hereby certify that I attended the deceased from 1954, to 1954, to 1954, that I last saw the deceased alive on 10/18 and that death occurred at 92 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. COCATION (City, village, twp., opcounty) (State) 24a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. COCATION (City, village, twp., opcounty) (State) 25a. SIGNATURE (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. COCATION (City, village, twp., opcounty) (State) 25a. SIGNATURE (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. COCATION (City, village, twp., opcounty) (State) | OF | While at _ Not While _ | 217. HOW DID INJUNT OCCURE | |
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| 24a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d, COCATION/(City, village, twp., opcounty) (State) REMOVAL (Specify) 10/22/344 (Orodlawk) Removalingly Entry Co. Wind. | | , 102 , and that doubt occurred at | | |
| REMOVAL (Specify) 10/22/34 Woodland Vermontable Enton Co. Wish | 80 | Imagin m D M | alue mil | 10/19/54 |
| Burial 10/22/34 Wordann Jamony Ve Calor Co. Misch | 24a. BURIAL, CREMATION | , 24b. DATE 24c. NAME OF CEMEN | ERY OR CREMATORY 24d, LOCATION (C)t | y, village, twp., op county) (State) |
| Oct 21-54 E. Dres Grand Start Tomas Signature Control of the Signature | Burial | 10/22/34 Wordla | we Vermonter | elle Eaton Co. Which |
| (at 21-34 V.6. Blice (the Funeral Home- | DATE REC'D BY LOCAL RE | G. REGISTRAR'S SIGNATURE | 25 SUNERAL DIRECTOR'S SIGNATURE | Varmontaille meet |
| | UNT 21-3 | V.6. Pare | Otto Funeral Ho | m2- »1 |

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