Form 93—11-05-500 bks., 100 pages.

PHACE OF DEATE	TO THE OTHER WASHINGTON
County of Ealon Department of State—Division of Vital Statistics	
Township of TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village of Vermontville or City of (No	Registered No
City of (No. St.; Ward) tion, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male COLOR While	DATE OF (Month) (Day) (Year) FEG 24 190 7
DATE OF BIRTH Claric 13 1892	I HEREBY CERTIFY, That I attended deceased from 7:610 1907, to 7:624 , 1907,
AGE 13 YEARS, // MONTHS, /5 DAYS	that I saw h 4 alive on 756 22 ,190.7, and that death occurred, on the date stated above, at 5 P. M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILD-REN If married, age at (first) marriageyears Parent ofchildren, of whomare living	
BIRTHPLACE (State or country) Muchegan	5 years (DURATION) DAYS
John Rawson	Contributory (DURATION) DAYS
ERTHPÉACE OF FATHER (State or country) Chic	(Signed) J & Mc Eachran M.D. 78825 190 7(Address) Vermontville
of Mother augeline young	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : Former or How long at
BIRTHPLACE OF MOTHER (State or country) Michigan	usual residence
None	PLACE OF BURIAL OR REMOVAL Woodlawn Cemetery 7 26 26 1907
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	Windertaker Address Celhannond & Son Vermontville
(Informant) Byron /3 Kawson	Filed A TRUE COPY
(Address) ///www.uosucrete	Registrar