

County of CalumetSTATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of

or
Village of Vermontvilleor
City of

(No. St.; Ward)

Registered No. 8

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ola May Lamb

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 bks., 100 pages.

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PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR <u>white</u>		
DATE OF BIRTH (Month) (Day) (Year) <u>July</u> <u>12</u> <u>1882</u>			
AGE <u>25</u> YEARS <u>1</u> MONTHS <u>12</u> DAYS			
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>22</u> years Parent of children, of whom are living			
BIRTHPLACE (State or country) <u>Michigan</u>			
NAME OF FATHER <u>Evelon Parsons</u>			
BIRTHPLACE OF FATHER (State or country) <u>Michigan</u>			
MAIDEN NAME OF MOTHER <u>Mary Baxter</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Canada</u>			
OCCUPATION <u>Housekeeper</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant) <u>Roy E Lamb</u>			
(Address) <u>Vermontville</u>			

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>Aug</u>	(Month) <u>Aug</u>	(Day) <u>24</u>	(Year) <u>1907</u>
I HEREBY CERTIFY, That I attended deceased from <u>Aug 18</u> 1907, to <u>Aug 24</u> 1907, that I saw her alive on <u>Aug 24</u> 1907, and that death occurred, on the date stated above, at <u>6 a. m.</u>			
The CAUSE OF DEATH was as follows: <u>Injury resulting in paralysis from cerebral hemorrhage</u>			
(DURATION) DAYS			
Contributory (DURATION) DAYS			
(Signed) <u>Le S Snell</u> M. D. <u>Aug 24</u> 1907 (Address) <u>Vermontville</u>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:			
Former or usual residence		How long at place of death? Days	
Where was disease contracted, if not at place of death?			
PLACE OF BURIAL OR REMOVAL <u>Woodlawn</u>		DATE OF BURIAL <u>Aug 26</u> 1907	
UNDERTAKER <u>W. Hammond</u>		ADDRESS <u>Vermontville</u>	
Filed <u>Aug 26</u> 1907		A TRUE COPY <u>DR Finley</u> Registrar	