WRITE

MARGIN

RESERVED

FOR

BINDING.

PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD

5	HAIL	OF MICHIGA	VIV.	
Depar	rtment of Sta	te—Division of Vital	Statistics	
TRANSCRIPT	OF CERTIF	CATE OF DEATH_L	OCAL REGIS	TER
(No		Str		tered No. [If death occurred in Hospital or Institu-
			i	nstead of street and number. If away from usual residence, give 'Special Informa- tion" below.]
TICULARS	MEDICAL CERTIFICATE OF DEATH			
le-	DATE OF DEATH	(Month)	(Day) 18	(Year)
(Year) 1836	that I saw !	2 17 190 8, to	June	18 ,190 8 ,
ed				ove, at
		Entimelie	e	73.334
whom & are living				
	Depair TRANSCRIPT (No	Department of Sta TRANSCRIPT OF CERTIF (No	Department of State—Division of Vital STRANSCRIPT OF CERTIFICATE OF DEATH—L (No. St.; St.; St.; St.; St.; St.; St.; St.	Regist (No. St.; Ward) Rozelta Lucce MEDICAL CERTIFICATE OF DEAT MEDICAL CERTIFICATE OF DEAT (Month) (Day) June 1836 I HEREBY CERTIFY, That I attended June That I saw h M alive on June and that death occurred, on the date stated about The CAUSE OF DEATH was as follows:

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE

OCCUPATION

(Informant)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

OF MOTHER (State or country)

(Year) 1908 ceased from , 1908 ,1908 3 30 M Contributory . uza1908 (Address) Verru SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: How long at Former or usual residence place of death? Where was disease contracted, if not at place of death?... PLACE OF BURIAL OR REMOVAL 1908 nashville UNDERTAKER terHam Filed iulug Registrar