Department of State-Division of Vital Statistics ty of TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER of dansed Township of or Registered No. / O Village of [If death occurred in a Hospital or Institu-tion, give its NAME instead of street and number. If away from usual residence, give "Special Informa-tion" below.] or City of (No. Ward) FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS (Day) (Year) (Month) SEX. DATE OF DEATH mile (Day) (Year) DATE OF (Month) CERTIFY, That I attended deceased from 190 AGE and that death occurred, on the date stated above, at. SINGLE, MARRIED, WIDOWED, OR DIVORCED The CAUSE OF DEATH was as follows: AGE AT MARRIAGE, If married, age at (first) marriage. nrumouna NUMBER OF CHILD-.children, of whom are living BIRTHPLACE (State or country) Contributory NAME OF FATHER BIRTHPLACE OF FATHER (State or country) M.D (Signed) 690 (Address) MAIDEN NAME SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: How long at Former or BIRTHPLACE usual residence place of death? OF MOTHER (State or country)

Where was disease contracted, if not at place of death?.....

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UNDERTAKER

ARE TRUE TO THE

ACE OF BURIAL OR REMOVAL

STATE OF MICHIGAN

PLACE OF DEATH

OCCUPATION

(Informant)

THE ABOVE STATED PERSO

(Address)

WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD

MARGIN RESERVED

FOR

BINDING

19d

Registrar

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