MATTE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD.

PTI	TATES OF WILCHIGAIN AND TOURS AND AND THE TENTON OF THE PERSON OF THE PE
County of Caury Department of State—Division of Vital Statistics	
Township of TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village of Vermontville	Registered No
Or City of(No	St.; Ward) [If death occurred in a Hospital or Institu- tion, give its NAM
010	instead of street a number. If away fro
FILL NAME COMMILIAN M POT	usual residence, give "Special Informa-
	tion" below.]
PERSONAL AND STATISTICAL PARTICULARS	DATE OF (Month) (Day) (Year)
SEX To COLOR MAT	DEATH May 28 199 2
DATE OF (Month) (Day) (Year)	
BIRTH DARROOD (MALE T BALT CUTTED TOTAL	I_HEREBY CERTIFY, That I attended deceased from
1 1829	Tel- 8 1992, to mar 17, 1992
AGE BOOVIES 3 LIVE	that I saw h alive on man 17 1907
YEARS, MONTHS, DAYS	and that death occurred, on the date stated above, at 1. 1. P. M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED	The CAUSE OF DEATH was as follows:
Widowed	Sombral himribogs
AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears	Softming Softming Softming TA SOA
Parent ofchildren, of whomare living	All
BIRTHPLACE (State or country)	EMPHRIACE .
New York	(DURATION) DAYS
NAME OF FATHER O.	Contributory
William Hohkins	(DURATION) DAYS
BIRTHPLACE OF FATHER	(Signed) C-S And M.D.
(State or country) New Work.	an 4190 V (Address) Vemontrill, Mich.
MAIDEN NAME OF MOTHER	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :
Maria Muscomb	Former or How long at
BIRTHPLACE OF MOTHER 0	usual residence place of death?
(State or country)	Where was disease contracted,
OCCUPATION N	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MODAGINGS
HouseReffer	M god lawn Man. 3/ 1902
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE	UNDERTAKER O ADDRESS ADDRESS
man II	K. J. Hammond V' Wille
(Informant)	Filed A TRUE COPY
(Address) almay 50	Registrar
	091501111