

PLACE OF DEATH

County of CalhounTownship of Vermontvilleor
Village of Vermontvilleor
City of

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

[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 Myrtle Willis

(No. St.; Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)
April 17 1884AGE
39 YEARS 9 MONTHS 14 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED
marriedAGE AT MARRIAGE, NUMBER OF CHILD- { If married, age at (first) marriage years
Parent of children, of whom are livingBIRTHPLACE (State or country)
MichNAME OF FATHER
Thomas WilsonBIRTHPLACE OF FATHER (State or country)
EnglandMAIDEN NAME OF MOTHER
Margaret SmithBIRTHPLACE OF MOTHER (State or country)
unknownOCCUPATION
Housewife

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

(Informant) Mrs Judd Hill(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Feb 7 1964I HEREBY CERTIFY, That I attended deceased from Jan 14 1964, to Feb 7 1964, that I saw her alive on Feb 7 1964, and that death occurred, on the date stated above, at 2:30 PM.

The CAUSE OF DEATH was as follows:

Tuberculosis
of Lungs
(DURATION) unknown DAYS

Contributory (DURATION) DAYS

(Signed) L. L. McLaughlin M. D.
Feb 9 1964 (Address) Vermontville

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 Kalamazoo Cemetery DATE OF BURIAL Feb 10 1964UNDERTAKER B. L. Hammond ADDRESS VermontvilleFiled Feb 10 1964 A TRUE COPY B. L. Hammond Registrar

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

MARGIN RESERVED FOR BINDING.

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