MARGIN RESERVED FOR BINDING.

**PARITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD.

PLACE OF DEATH STATE OF MICHIGAN		
County of Galon Department of State—Division of Vital Statistics		
Township of Vermoule TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
Village of Vermortille -		Registered No
City of (No,	St;	a Hospital or Institu- tion, give its NAME instead of street and number. If away from
FULL NAME Edgar Earl Ha	emmond	number. If away from usual residence, give "Special Informa- tion" below.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFI	CATE OF DEATH
mole White.	DATE OF (Month)	(Day) (Year)
DATE OF (Month) (Day) (Year)		190
maid 18 1 1864	I HEREBY CERTIFY, TI	lat I attended deceased from
AGE 1/ 0 18 13	that I saw h My alive on fa	× 30 h , 1964,
T. YEARS, MONTHS, DAYS	and that death occurred, on the d	
SINGLE, MARRIED, WIDOWED, OR DIVORCED OWNER	The CAUSE OF DEATH was as	
AGE AT MARRIAGE, NUMBER OF CHILD- REN If married, age at (first) marriageyears Parent of/children, of whom/are living	wys assure	
BIRTHPLACE (State or country) Michigan		(DURATION) 2 Months DAYS
NAME OF FATHER Les Hammond	Contributory	(DURATION) & THORITAS
BIRTHPLACE OF FATHER (State or country) U. 2 State	1 21 111 11	chem M.D.
MAIDEN NAME OF MOTHER Helen Brown	SPECIAL INFORMATION only for Hospitals, Institution	ns, Transients or Recent Residents :
BIRTHPLACE OF MOTHER (State or country) Much	Former or usual residence	
OCCUPATION	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
lobner.	Freemine Comelary	Deb 2 1964
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Theorement) Ms. Sea Brown	P. L. Hammond	Vermolulle
Was and the	Filed A TRUE Jan 3/ 1964 A	COPY Lamb
(Address) VO CHINNULL.	1907 47	Registrar