TOWNShip Camenable TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No		CHIGAN DEPARTMENT OF HEALTH	
City (No. 1)  Registered No. 2  City (No. 1)  Registered No. 2  City (React) occurred in a hospital or institution, give its NAME instead of street and number.)  2 FULL NAME Bugebith Ellan Barnell  (a) Residence No. 3  St., Ward. (If non-resident give city or town and state)  Longth of residence in city or town where death occurred yrs. 5  St., Ward. (If non-resident give city or town and state)  If DATE OF DEATH  SEX	County 6 de	Division of Vital Statistics	
City  (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)  2 FULL NAME  (a) Residence No. (Usual place of abode)  Leight of residence in city or town where death occurred yrs. mes.  3 SEX  4 Color or Race  5 Single, Married, Widowed or Diverced Write the world (Or) Wife of Diverced Write the world (Or) Wife of Diverced Write the world (Or) Wife of Date of Diverced (Write the world (Or) Wife of Date of Diverced (Write the world (Or) Wife of Date of Diverced (Write the world (Or) Wife of Date of Death (Month, day and year)  7 AGE Years Months Days If LESS than (Or) Wife of Death (Annuth, day and year)  8 OCCUPATION OF DECEASED  (a) Trade, prefession, or particular stand of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of Father may made boundled of particular stand of work.  9 EIRTHPLACE (city or town)  (c) St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  St., Ward.  (If non-resident give city or town and state)  If DATE OF DEATH  (Annuth, day and year)  It HEREBY CERTIFY, That I attended deceased from that I last saw h. A. alive on far it I last saw h. A. alive on far it I last saw h. A. alive on far it I last saw h. A. alive on far it I last saw h. A. alive on far it I last saw h. A. alive of barries and have an it I last saw h. A. alive on far it I last saw h. A. alive on far it I last saw h. A. alive on far it I l	Township commentalle TRA	NSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER	
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