Form 93a-9-5-21-1000 Books-100 pages.

Division of Vital Statistics Township Varmable Transcript of Certificate of Death—Local Redister (No. (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) (Some state of a body in the state of a body in	I PLACE OF DEATH MICHIC	GAN DEPARTMENT OF HEALTH
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(Grand place of abode) Laspin for evidence in city or town where death occurred yrs. mos. St., Ward.	2 FULL NAME Harriett & B.	ness
PERSONAL AND STATISTICAL PARTICULARS SEX		St. Ward.
SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word) Salf married, widowed or divorced (Write the word)	(Usual place of abode)	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
SEX 4 Color or Race Bright, married (Write the world) Content William	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The Cause of Death was as follows: The Cause of Death was as follows: 1925	3 SEX 4 Color or Race 5 Single, Married, Widowed or	16 DATE OF DEATH (Month, day and year) Aug 2/' 1925
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that death occurred on the date stated above at) m. For DATE OF BIRTH (Month, day and year) TAGE Years Months Days If LESS than I day hrs. OR min. SOCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work housewife (in the molybed (or employer) (c) Name of employer (c) Remotybed (or employer) (b) Rame of employer. SEIRTHPLACE (city or town) And Siste or country) ONAME OF FATHER Large fully Matter an autopsy? IS BIRTHPLACE (city or town) And Siste or country) IS BIRTHPLACE (city or town) And Siste or country) IS BIRTHPLACE (city or town) And Siste or country) A MAIDEN NAME OF MOTHER Country (Signed) And Siste or country) IS BIRTHPLACE (city or town) And Siste or country (city or tow	5a If married, widowed or divorced	10
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