

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH			MICHIGAN DEPARTMENT OF HEALTH	
County <u>E. Calhoun</u>			Division of Vital Statistics	
Township <u>Vermontville</u>			TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>11</u>			Registered No. <u>6</u>	
City <u>11</u>			(No. of death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Helen Rolfe</u>			St., Ward	
(a) Residence No. <u>11</u>			(If non-resident give city or town and state)	
Length of residence in city or town where death occurred			How long in U. S., if of foreign birth?	
yrs. mos. ds.			yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>♀</u>	4 Color or Race <u>W.</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Widowed</u>		
5a If married, widowed or divorced (or) HUSBAND of (or) WIFE of <u>X Rolfe</u>				
6 DATE OF BIRTH (Month, day and year) <u>Dec 10/1852</u>				
7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. OR.....min.
<u>74</u>		<u>6</u>	<u>12</u>	
8 OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>housewife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer.				
9 BIRTHPLACE (city or town) (state or country) <u>Ohio</u>				
10 NAME OF FATHER <u>Luther Ashby</u>				
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>St. Brown</u>				
12 MAIDEN NAME OF MOTHER <u>Abbie Stringham</u>				
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>St. Brown</u>				
14 Informant <u>Mrs. Edna Packer</u>				
(Address) <u>Vermontville</u>				
15 Filed <u>7/7</u> , 1927 <u>B. H. Lamb</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH (Month, day and year) <u>6/22</u> 19 <u>23</u>				
17 I HEREBY CERTIFY, That I attended deceased from <u>city 12</u> , 19 <u>26</u> , to <u>6/22</u> , 19 <u>23</u> , that I last saw him alive on <u>6/20</u> , 19 <u>23</u> , and that death occurred on the date stated above at <u>3.30</u> a.m.				
The CAUSE OF DEATH* was as follows: <u>Organic heart Disease</u>				
(duration).....yrs.....mos.....ds.				
CONTRIBUTORY (Secondary) (duration).....yrs.....mos.....ds.				
18 Where was disease contracted If not at place of death?				
Did an operation precede death?..... Date of.....				
Was there an autopsy?.....				
What test confirmed diagnosis? (Signed) <u>Dr. B. F. D. J. Taylor</u> M. D. <u>6/23</u> , 19 <u>23</u> , Address <u>Vermontville</u>				
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Kalam Boudary</u> Date of Burial <u>6/24</u> 19 <u>23</u>				
20 UNDERTAKER <u>Wm. Gray</u> Address <u>Charlotte</u>				

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