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

MARGIN RESERVED FOR BINDING.

C - C	TALE OF MICHIGAN
County of Catori Depa	rtment of State—Division of Vital Statistics
Township ofTRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village of Vermontalle	Registered No.
CY.	[If death occurred in
City of (No.	St.; Ward) a Hospital or Institu- tion, give its NAME instead of street and
	number. If away from usual residence, give
FULL NAME Catherine July	"Special Information" below.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR /	DATE OF (Month) (Day) (Year)
Temale While	1 / 1 / 2 / 8
DATE OF (Month) (Day) (Year)	190.2
Same 11 1848	I HEREBY CERTIFY, That I attended deceased from
AGE	May 3 1908, to and 12, 1908
11 2 2	that I saw h & alive on and 1/2 ,190 8,
O VEARS, MONTHS, DAYS	and that death occurred, on the date stated above, at
SINGLE, MARRIED, WIDOWED, OR DIVORCED	The CAUSE OF PEATH was as follows:
Married	Interstetical nephrolis
AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriage	lance bolo had beat
Parent of	at the second
BIRTHPLACE (State or country)	
Michigan.	Q. (DURATION) 7500 DAYS
NAME OF	Contributory Cardiac hyper Thophy
FATHER BALL FOSILES	Rhenaularing by
BIRTHPLACE	To the state of th
OF FATHER (State or country)	(Signed) M. D.
MAIDEN NAME	My/8 1908 (Address) I my while
OF MOTHER DOMESTICS OF A STATE	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
RTHPLACE	Former or How long at usual residence place of death? Days
(State or country)	
OCCUPATION	Where was disease contracted, if not at place of death?
16.00	PLACE OF BURGAL OR REMOVAL DATE OF BURIAL
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE	Wood lawre Courting Clery 10 1908
BEST OF MY KNOWLEDGE AND BELIEF	ADDRESS -++
(Informant) Mary & Frugh	L'Eg Macerond on Irmountle
Cl. Salatt. Will	Filed 14 9 Bally 16215
(Address) Chanou Much	Registrar
	1 Tobiouri