100	PLACE OF DEATH	TATE OF PROFITOR	TO THE RESIDENCE SANSAGE AND ADDRESS OF THE PARTY OF THE
	County of Cector Department of State—Division of Vital Statistics		
	Township of TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
	Village of Vermontalle		Registered No[If death occurred in
MARGIN RESERVED FOR BINDING. *** WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD.	City of (No	St;	a Hospital or Institu- tion, give its NAME instead of street and number. If away from usual residence, give
	FULL NAME Marrin W HE	IS.	"Special Informa- tion" below.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	
	Male white	DATE OF (Month)	(Day) (Year)
	DATE OF (Month) (Day) (Year) August # # 1850	0 40 6	I attended deceased from
	AGE 58 YEARS 6 MONTHS 28 DAYS	that I saw h in alive on	DEC 3/ ,190 8,
	SINGLE, MARRIED, WIDOWED, OR DIVORCED	and that death occurred, on the date stated above, at 3 M. The CAUSE OF DEATH was as follows:	
	Dugle		A
	AGE AT MARRIAGE, NUMBER OF CHILD-REN STATES If married, age at (first) marriageyears Parent ofchildren, of whomare living	leentral Hr	mon huge
	BIRTHPLACE (State or country)	Coma	(DURATION) DAYS
	NAME OF FATHER David HESS	Contributory	
	BIRTHPLACE OF FATHER (State or country) A Work	(Signed) Le Survey Verne	well Mid
	MAIDEN NAME OF MOTHER Susamah Fresk	SPECIAL INFORMATION only for Hospitals, Institutions, T	ransients or Recent Residents :
	BIRTHPLACE OF MOTHER (State or country)	usual residence	
	Laborer	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL LAW 2 190 9
	THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	UNDSRTAKER Haumoul Mr.	L'esmontate
	(Address) Derussintle	Filed 190 9 ATRUE COO	Hallubek