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PLACE OF DEATH

County of Qulou Department of State-Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township of or Registered No. Village of [If death occurred in a Hospital or Institu-tion, give its NAME instead of street and number. If away from usual residence, give "Special Informa-tion" below.] or City of Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Year) (Month) (Day) DATE OF DEATH SEX COLOR (Month) (Day) (Year) DATE OF BIRTH That I attended deceased from AGE SINGLE, MARRIED, WIDOWED, OR DIVORCED AGE AT MARRIAGE, NUMBER OF CHILD-REN If married, age at (first) marriage. ...children, of whom .... BIRTHPLACE (State or country) NAME OF Contributory BIRTHPLACE OF FATHER (State or country) (Signed) 190 (Address) MAIDEN NAME SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: How long at Former or BIRTHPLACE place of death? usual residence Days OF MOTHER (State or country) Where was disease contracted, if not at place of death? OCCUPATION PLACE OF BURIAL OR REMOVAL 190 THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) Filed Registrar

STATE OF MICHIGAN