

County of Calum

Department of State—Division of Vital Statistics

Township of _____
or
Village of Vernon Hill

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

City of _____ (No. _____, St.; _____ Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Beulah Britton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) June (Day) 17 (Year) 1910

AGE Born dead
YEARS _____ MONTHS _____ DAYS _____

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Mich

NAME OF FATHER Frank Britton

BIRTHPLACE OF FATHER (State or country) Mich

MAIDEN NAME OF MOTHER Viola Dubois

BIRTHPLACE OF MOTHER (State or country) Mich

OCCUPATION _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Britton

(Address) St. Vite

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) June (Day) 18 (Year) 1940

I HEREBY CERTIFY, That I attended deceased from June 18 1940, to June 18 1940, that I saw her alive on _____, 190____, and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows:

Still Born

Contributory _____ (DURATION) _____ DAYS

(Signed) J. D. McEachern M. D.

June 18 1940 (Address) Vernon Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at _____ place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Charlottesville DATE OF BURIAL June 18 1940

UNDERTAKER C. E. Hammond ADDRESS St. Vite

Filed June 18 1940 A TRUE COPY C. C. Stullentz Registrar

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

MARGIN RESERVED FOR BINDING.