MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH S	TATE OF MICHIGAN
County of Outon Co Depar	rtment of State—Division of Vital Statistics
Township of TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village of Vermontalle	Registered No/
or	IIf death occurred in
City of (No	a Hospital or Institu- tion, give its NAME instead of street and number. If away from
FULL NAME Mary Jane &	Clapper usual residence, give "Special Information" below.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX / COLOR	DATE OF (Month) (Day) (Year)
finale While	Sep 29 1960
DAYE OF (Month) (Day) (Year)	I HEREBY CERTIFY. That I attended deceased from
June 4 1838	Seb 25 1960, to Seb 29 , 1960,
AGE	that I saw her alive on Peh 28 ,1900,
77 YEARS, 3 MONTHS, 25 DAYS	and that death occurred, on the date stated above, at 4P.M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED /	The CAUSE OF DEATH was as follows:
ardourd	- A TOOLING
AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears	appoplexy
Parent of	
BIRTHPLACE (State or country) /, //	
Way zer Co Much	(DURATION) DAYS
NAME OF FATHER A A A A A A A A A A A A A A A A A A A	Contributory
Godfry Poller	DAYS
BIRTHPLACE OF FATHER	(Signed) & M Ceuchian M.D.
(State or country) New York	Rep 30 1900 (Address) Vermon hille
MAIDEN NAME OF MOTHER OF	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :
BIRTHPLACE	Former or How long at
OF MOTHER (State or country)  1. 4 1. 14	usual residenceplace of death?Days
OCCUPATION ()	Where was disease contracted, If not at place of death?
homeset	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE	Wron lew Sch 1990
BEST OF MY KNOWLEDGE AND BELIEF	UNDERTAKER SADDRESS JUSTille
(Informant) Mm C U /3 arhyte	Filed A TRUE CORX
(Address) Buttle Crack mile	Oet / 1900 CCHallubres Registrar