Form 93-11-05-500 bks., 100 pages.

MARGIN RESERVED FOR BINDING.

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

County of Department of State—Division of Vital Statistics	
Township of TRANSCRIPT	OF CERTIFICATE OF DEATH-LOCAL REGISTER
or Village of Lermon Julie or City of (No	Registered No
FULL NAME Mary June	Survive instead of street and number. If away from usual residence, grapher ition" below.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Hemule White DATE OF A (Month) (Day) (Year)	DATE OF DEATH (Month) (Day) (Year) 3
July 25 1848	I HEREBY CERTIFY, That I attended deceased from
64 YEARS MONTHS, 11 DAYS	and that death occurred, on the date stated above, at 630 M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED MUTS 150	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILD- REN If married, age at (first) marriageyears Parent ofchildren, of whomare living	Come of Intestines
(State or country) Canada	(DURATION) DAYS
Name of Father Sand Thomas	Contributory DAYS
OF FATHER (State or country) Male	(Signed) & DM Couchrum M.D. Oct 5 1902 (Address) Prinnochutt
of MOTHER Eliza le oullir	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : Former or How long at
OF MOTHER (State or country) Englis	usual residence place of death? D Where was disease contracted, if not at place of death?
Housekeeper	Modlewn Cem Date of Byrial 6 1967
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	LA Haumond No Ville
(Address) Prumututu	Och 5 1992 Costullubrets Registrar