MARGIN RESERVED FOR BINDING.
48 WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD.

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

PLACE OF DEATH	STATE OF MICHIGAN
County of Eulow Depa	rtment of State—Division of Vital Statistics
Township of 3781933 32301-14783 TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village of Vermon hille	Registered No
City of (No.	St; Ward) a Hospital or Institu- tion, give its NAME instead of street and
FULL NAME Clurs Ephrain	Killer Instead of street and number, If away from usual residence, give "Special Information" below.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thate of (Month) (Day) (Year)	DATE OF (Month) (Day) (Year) AO7 16 16 19d 2
May 5 1/8576	I HEREBY CERTIFY, That I attended deceased from
AGE TO SE SE ME GO STREET TO IT IN IT	that I saw h in alive on My 15 ,1962;
SINGLE, MARRIED,	and that death occurred, on the date stated above, atM.
WIDOWED, OR DIVORCED THURSDAY	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	Bryhto Dissure
(State or country) Much	(DURATION) DAYS
NAME OF EL Praine Kilder	Contributory
OF FATHER (State or country) Uuknown	(Signed) M Coachmic M.D. My/8/1962 (Address) Vermon Intle
of Mother Louis aurs	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : Former or How long at
BIRTHPLACE OF MOTHER (State or country)	where was disease contracted, If not at place of death?
Blacksmith	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 190
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) Mus Almulles	De Hammond Trimme hill
(Address) VX hills	Avr 19 1962 Cestallubul