

PLACE OF DEATH STATE OF MICHIGAN

County of Caton

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of Vermontville

Registered No. 4

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 Angeline Latitia Helms

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
November 27 1833

AGE 79 YEARS 3 MONTHS 24 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

BIRTHPLACE (State or country) New York

NAME OF FATHER Ebinger Connor

BIRTHPLACE OF FATHER (State or country) New England

MAIDEN NAME OF MOTHER Abigail Clark

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
March 22 1963

I HEREBY CERTIFY, That I attended deceased from July 4 1961, to March 22 1963, that I saw her alive on Feb. 27 1963 and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH was as follows:
Apoplexy

(DURATION) 3 and 3 days

Contributory Broken hip
(DURATION) 2 and 8 days

(Signed) J. D. W. Gachran M. D.
Mar 22 1963 (Address) Vermontville

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 Tecumseh, Mich. DATE OF BURIAL Mar. 25 1963

UNDERTAKER R. L. Hammond ADDRESS Vermontville

Filed Apr. 4 1963 A TRUE COPY R. L. Ham
Registrar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
(Informant) Mrs. W. J. Helms
(Address) Vermontville

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

MARGIN RESERVED FOR BINDING.