MARGIN RESERVED FOR BINDING.

42 WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD,

PLACE OF DEATH A S	TATE OF MICHIGAN
County of Eulou Depar	rtment of State—Division of Vital Statistics
Township of TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village of Vermontall	Registered No. 3
Or City of(No,	St; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and
dres (2012 to heave) Crontvavelt deciment	number If away from
FULL NAME Maria Elizabeth Briggs usual residence, give "Special Information" below.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR	DATE OF (Month) (Day) (Year)
Famale White	March 10 19d 3
DATE OF (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from
lug 11 1860	June 1991, to March 10, 1903,
AGE	that I saw h ex alive on Murch 9, 1903,
YEARS, G MONTHS, DAYS	and that death occurred, on the date stated above, at & a. M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears	Causer of Ulerus
Parent of	Cancer of Ulerus
BIRTHPLACE (State or country)	(DURATION) DAYS
NAME OF Michagan.	Contributory
FATHER W. II	(DURATION) S 710 DAYS
BIRTHPLACE	(Signed) & Due Enchram M.D.
OF FATHER (State or country) Erroland	Mach 1/196 3 (Address) Vermontalle
MAIDEN NAME OF MOTHER	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :
Elnor Colomon	Former or How long at
BIRTHPLACE OF MOTHER (State or country)	usual residence place of death? Days
OCCUPATION	Where was disease contracted, If not at place of death?
ax Home	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nav. 12 190 3
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	UNDERTAKER ADDRESS
(Informant) Chus Louh	Chas Deuts Nashmitte
(Address) Nashalle	March / V 190.3 CCSfallenhels
validati.	Registrar