MARGIN RESERVED FOR BINDING

	STATE OF MICHIGAN refused of 29/
Township of Vermorbille or Village of Vermorbille Or City of (No. St.; Ward) FULL NAME Sidney Seymour Registered No. [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.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White	DATE OF (Month) (Day) (Year)
DATE OF (Month) (Day) (Year) Sirry June 25 25 18.39	I HEREBY CERTIFY, That I attended deceased from
AGE TO YEARS & MONTHS, 3 DAYS	that I saw h in alive on Jud 20 ,1967, and that death occurred, on the date stated above, at less M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED : SWOWED AS REW READED TO BRU	The CAUSE OF DEATH was as follows: bancer ofthe lia
NUMBER OF CHILD- REN If married, age at (first) marriage years	dilatation or man (tout) to use booking to)
State or country York	(DURATION) 5 DENIGATE
A. W. Brekwell	Contributory DURATION DAYS
BIRTHPLACE OF FATHER (State or country) Mass	(Signed) 6 9 Mell M.D. 190 (Address) Hermontville
And American Lucy Ames	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : Former or How long at
OF MOTHER (State or country) Mass	usual residence place of death? Days Where was disease contracted, If not at place of death?
Netired meachant	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1962
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) Edith Rochwell	Roy L. Hammond Vermatull
(Address) Vermotrille	Suy 29 1963 Charles A Land

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