MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH	STATE OF MICHIGAN
County of Ealo- Depa	artment of State—Division of Vital Statistics
Township of Vernortille TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village of//	Registered No
Or City of (No(No	a Hospital or Institut
City of (No. St.; Ward) FULL NAME Amas Joshyn Lym FULL NAME St.; Ward) Instead of street and number. If away from usual residence, give "Special Information" below.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male color White	DATE OF (Month) (Day) (Year) Oct 28
DATE OF (Month) (Day) (Year) May May 13 11832 AGE	I HEREBY CERTIFY, That I attended deceased from Oct 28 1963, to Oct 28 , 1963, that I saw h 44 alive on not al all , 1963,
YEARS, MONTHS, DAYS	and that death occurred, on the date stated above, at low M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED WILDOWED, OR DIVORCED	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILD- REN Standard First Fi	
State or country)	(DURATION) DAYS
NAME OF FATHER CASE Lyon	Contributory (DURATION) DAYS
BIRTHPLACE OF FATHER (State or country) unknown	(Signed) 10, no Eacher M.D. (Cet 29 1963 (Address) Vernetille
MAIDEN NAME OF MOTHER Butler.	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : How long at
State or country) unhour	usual residenceplace of death?Days Where was disease contracted,
retired farmer	PLACE OF BURIAL OR REMOVAL Malama Date of Burial Date of Burial 1963
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	UNDERTAKER ROY L. Hammed Germatille
(Informant) Mrs Jane Wilson	Filed , A TRUE CORY 3/ 9
(Address) Vermonics.	Oct 29 1903 bla Hamb