

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH STATE OF MICHIGAN

County of Catawba Department of State—Division of Vital Statistics

Township of Vermontville TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of '' or Registered No. 11

City of '' (No. '' St.; '' Ward)

FULL NAME Maria Wells [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

SEX Female COLOR White

DATE OF BIRTH (Month) May (Day) 18 (Year) 1898

AGE 73 YEARS 5 MONTHS 25 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) Ontario

NAME OF FATHER Alexander Fletcher

BIRTHPLACE OF FATHER (State or country) Ontario

MAIDEN NAME OF MOTHER Samartha Parsons

BIRTHPLACE OF MOTHER (State or country) Vermont

OCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Neva Campbell

(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Nov (Day) 13 (Year) 1963

I HEREBY CERTIFY, That I attended deceased from Nov 1 1963, to Nov 13 1963, that I saw her alive on Nov 13 1963, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH was as follows: Cerebral Hemorrhage

Contributory degeneration of arteries of age & disease (Signed) B. S. Snell M. D. Nov 14 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 Woodlawn Cemetery DATE OF BURIAL Nov 15 1963

UNDERTAKER Ry. L. Hammond ADDRESS ''

Filed Nov 15 1963 A TRUE COPY Chas H Lamb Registrar

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