MINUMIN RESERVED FOR DINDING!

PLACE OF DEATH S	TATE OF MICHIGAN
County of Ealer Depar	rtment of State—Division of Vital Statistics
Township of Vermatulle TRANSCRIPT	OF CERTIFICATE OF DEATH-LOCAL REGISTER
village of Verralutte or City of (No.	Registered No. [If death occurred in a Hospital or Institution, give its NAME instead of street and
FULL NAME By J, Seymour	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) March 29 190/4
DATE OF (Month) (Day) (Year) March 25 1/9/4	I HEREBY CERTIFY, That I attended deceased from
AGE YEARS MONTHS, 5 DAYS	that I saw h & alive on Movel 26 ,196%, and that death occurred, on the date stated above, at 9 d. M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILD- REN If married, age at (first) marriageyears Parent of	
(State or country) Vermontille	Programme Days
NAME OF FATHER FIRED Seymour.	Contributory / 120 to (DURATION) DAYS
BIRTHPLACE OF FATHER (State or country) Muil	(Signed) 6 X D Me Laughlin M.D. 3/27 190 4 (Address) Vernatule
MAIDEN NAME OF MOTHER Dra Lunn	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : Former or How long at
BIRTHPLACE OF MOTHER (State or country) MCC	usual residence
OCCUPATION Was	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF L L Me Laushlini	Ind Segmon acted grad Dermontille
(Address) Jernor hile,	Filed 3/30 1964 Shes. H. Larnb Registrar