

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of East

Department of State—Division of Vital Statistics

Township of Vermontville

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of "

Registered No. 2

City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

[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.]

FULL NAME Mirrena Lackey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>March</u> (Day) <u>26</u> (Year) <u>1915</u>	
AGE <u>76</u> YEARS <u>8</u> MONTHS <u>4</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>N. York</u>	
NAME OF FATHER <u>Cha. Blin</u>	
BIRTHPLACE OF FATHER (State or country) <u>Vermont</u>	
MAIDEN NAME OF MOTHER <u>Laurin</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Vermontville</u>	
OCCUPATION <u>Housewife</u>	

DATE OF DEATH	(Month) <u>March</u>	(Day) <u>26</u>	(Year) <u>1965</u>
---------------	----------------------	-----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from March 1 1965, to March 26 1965, that I saw her alive on March 25 1965, and that death occurred, on the date stated above, at 4:00 M.

The CAUSE OF DEATH was as follows:  
Bright disease

(Duration) 2 years \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_ (Duration) \_\_\_\_\_ DAYS

(Signed) J. D. McEachin M. D.  
March 27 1965 (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 Wood lawn DATE OF BURIAL 3/28 1965

UNDERTAKER W. W. Pendell ADDRESS \_\_\_\_\_

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  
(Informant) Will Lackey  
(Address) Vermontville,

Filed 3/29 1965 A TRUE COPY Cha. & Laurin Registrar