MARGIN RESERVED FOR BINDING.

43 WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD.

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

PLACE OF DEATH	TATE OF MICHIGAN
County of 6 ala Depar	tment of State—Division of Vital Statistics
Township of Demalelle TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village of Vernatalle	Registered No
City of (No	a Ucanital on Inctitus
FULL NAME Eliza Romsy	number. If away from usual residence, give "Special Informa- tion" below.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF (Month) (Day) (Year)	DATE OF (Month) (Day) (Year) Coful 20 1965
mag 3/ 1/839	I HEREBY CERTIFY, That I attended deceased from
75 10 20	that I saw h & alive on April 19 ,190 5,
SINGLE, MARRIED,	and that death occurred, on the date stated above, atM.
WIDOWED, OR DIVORCED Wedowad	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears	Some ad ephrolis
Parent of	Chranic Nephnelis
State or country) Oheo	/sea (DURATION) DAYS
NAME OF FATHER Gea, Mullonham.	Contributory (DURATION) DAYS
State or country) State or country)	(Signed) & L. D. Ma Jacophlen M. D. April 1965 (Address) Vermoull
MAIDEN NAME OF MOTHER Wat Moren	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : Former or How long at
OF MOTHER (State or country)	usual residence
OCCUPATION 7	if not at place of death? PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Housewife	Shalotte Apl 24
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	Vin W. Findell Vermontaille
(Address) Demonbile,	Filed ATRUE COPY A Lomb Registrar