#### STATE OF MICHIGAN.

Department of State-Division of Vital Statistics.

#### REGISTER OF DEATHS.

PUBLIC ACT NO. 217 OF 1897 (AMENDED 1901).

County of County of PRESERVE WITH CARE. Begin Each Year with a new series of record numbers. This Register should be filled out at the time the Burial or Removal Termit is issued. It will serve as a basis for making the required returns to the County Clerk.

The Certificates of Death upon which this record is based must be mailed to the Secretary of State,

The Certificates of Death upon which this record is based must be mailed to the Secretary of State, Lansing, on the **fourth** day of the following month. Therefore it will be necessary to keep the Register written up to date in order that there may be no delay in transmitting returns. Registrars should not issue permits for leaths in other districts, for deaths in other States, or for disinterred bodies. Permits for the railroad transportation of all disinterred bodies must be obtained from the State Board of Health. They cannot be issued by Registrars.

Mail Returns Promptly on the FOURTH (4th) Day of Each Month, and Do Not Mail Them Before the Fourth
Day unless Absolutely Sure that no Deaths have Occurred.

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Jashleuale Department of State-Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Township of Registered No. / Village of [If death occurred in a Hospital or Instituor St.: tion, give its NAME instead of street and City of RECORD. number. If away from usual residence, give "Special Informa-FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT (Year) (Month) DATE OF SEX DEATH BINDING EC, (Year) (Day) (Month) DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from 190 , to , 190 , , 4 AGE that I saw h \_\_\_\_\_alive on \_\_\_\_\_, 190 \_\_\_, OR L SINGLE, MARRIED. The CAUSE OF DEATH was as follows: WIDOWED, OR DIVORCED 0 ERVE AGE AT MARRIAGE. If married, age at (tirst) marriage. UNFADING NUMBER OF CHILD-REN RESI BIRTHPLACE (State or country) Contributory WITH NAME OF FATHER MARGIN BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: dampson WRITE How long at place of death? Days BIRTHPLACE usual residenca. OF MOTHER (State or country) Where was disease contracted, if not at place of death? OCCUPATION PLACE OF BURIAL OR REMOV THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE UNDERTAKER ADDRES (Informant) A TRUE COP Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Mashleway Department of State-Division of Vital Statistics CRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township of or Registered No. Village of [If death occurred in or a Hospital or Institution, give its NAME instead of street and number. If away from .Ward) (No... City of RECORD. usual residence, give "Special Information" below.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT (Year) (Day) DATE OF COLOR SEX DEATH BINDING (Day) (Year) Month) DATE OF BIRTH CERTIFY, That Lattended deceased from 4 AGE 13 that saw h alive on -THIS and that death occurred, on the date stated above, at SINGLE, MARRIED The CAUSE OF DEATH was as follows: WIDOWED, OR DIVORCED 田 AGE AT MARRIAGE. RV If married, age at (first) marriage... NUMBER OF CHILD-UNFADING SE BIRTHPLACE (State or country) H DURATION) 0 WITH NAME OF FATHER (DURATION) PLAINLY BIRTHPLACE (Signed) OF FATHER (State or country) (Address) MAIDEN NAME OF MOTHER SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: WRITE How long at Former or BIRTHPLACE place of death? usual residence..... OF MOTHER (State or country) Where was disease contracted, if not at place of death? OCCUPATION AR REMOVA PLACE OF BURIAL 190 ( THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE ADDRESS UNDERTAKER BEST OF MY KNOWLEDGE AND BELIEF (Informant). Filed Registrar

STATE OF MICHIGAN

PLACE OF DEATH

| County of Many Gran Department of State—Division of Vital Statistics                               |  |
|--|--|
| Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Sunth in On  | Registered No.  [If death occurred in a Hospital or Institution, give its NAMI instead of street an number. If away from usual residence, give "Special Informations". |
| FULL NAME  | tion" Delow.j  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| Ser Temale COLOR MINE  | DATE OF DEATH  Month  (Day)  (Year)  190/0   |
| DATE OF BIRTH (Month) (Day) (Year) - 1535  | I HEREBY CERTIFY, That I attended deceased from  |
| AGE 75 19  | that I saw halive on,190   |
| 75 YEARS MONTHS & DAYS   | and that death occurred, on the date stated above, at  |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN    If married, age at (first) marriage                       | said to thave died from  |
| BIRTHPLACE (State or country) Destland   | ALAW MUZEUX (DURATION) DAY   |
| NAME OF John Turguson  | Contributory (DURÁTION) DAY  |
| EIRTHPLACE OF FATHER (State or country)  Dodland   | Signed) Address) Chelsea, Much   |
| MAIDEN NAME TURNOWN  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at   |
| BIRTHPLACE OF MOTHER (State or country)  | usual residence  |
| Occupation Mounewife   | PLACE OF BURIAL OR REMOVAL  BATTE OF BURIAL  1904  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELLEF  (Informant) | UNDERTAKER Majus ADDRESS CONCLECA  |
| (Address) Ohelsea  | 5-24-1990 Jaul 8, Balon Registrar  |

# AST WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

| STATE OF MICHIGAN  |  |
|--|--|
| County of Manual Department of State—Division of Vital Statistics  |  |
| Township of Tylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or<br>Village of   | Registered No  |
| or village of  | IIf death occurred in  |
| City of (No  | St.; Ward) a Hospital or Institu-<br>tion, give its NAME   |
| - () ()  | St.; Ward) tion, give its NAME instead of street and number. If away from  |
| FULL NAME X LIMING (1. Y   | usual residence, give "Special Information" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| COLOBY . F.  | DATE OF DEATH (Day) (Year)   |
| Male Imm   | May 20 19/0  |
| DATE OF Month) (Day) (Year)  | 190  |
| Mercy 14 , 735   | JI HEREBY CERTIFY, That I attended deceased from   |
| AGE  | May 150 1960, to May 19, 1960,   |
| 75 - 15  | that I saw h me alive on May 19 1900,  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at M.   |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |
| ( Caronel  |  |
| AGE AT MARRIAGE, NUMBER OF CHILD-  If married, age at (first) marriage   | (120   |
| REN Parent ofchildren, of whom are living  | () neumonia  |
| BIRTHPLACE AND   |  |
| (State or country) A Wichigan  | (DURATION) DAYS  |
| NAME OF FATHER   | Contributory   |
| Nancen Aboutany  | (DUSATION) DAYS  |
| BIRTHPLACE   | (Signed) TEO. H. Salmer M.D.   |
| OF FATHER (State or country)   |  |
| MAIDEN NAME  | 5-24 1900 (Address) Olessell Mills."   |
| OF MOTHER (1811) (Rophusell  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :   |
| BIRTHPLACE   | Former or How long at usual residence place of death? Days   |
| OF MOTHER (State or country)   | Contract of the Contract of th |
| OCCUPATION   | Where was disease contracted, if not at place of death?  |
| V tops   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| www  | 10mout foem, May 23 100  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | UND RYAKER ) ADDRESS   |
| The No Al and die  | D. y Mayer Sheller   |
| (Informant) for Signature of the state of th | Filed ATBYE COPY D 7/3   |
| (Address) Chelly Mich.   | 5-24- 1960 (faul of Sacon  |
|  | Registrar  |

| AN Call. 1.   | TATE OF MICHIGAN  |
|---|---|
| County of Masheyaw Depart   | ment of State—Division of Vital Statistics  |
| Township of Transcript  | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |
| village of  | Registered No   |
| or //   | a Hospital or Institu-  |
| City of (No.  | imptend of street and   |
| FULL NAME ( ) (acob Clern   | nstead of steet and number. If away from usual residence, give "Special Information" below.]                  |
|   | MEDICAL CERTIFICATE OF DEATH  |
| PERSONAL AND STATISTICAL PARTICULARS  | DATE OF (Month) (Day) (Year)  |
| Wale Whole  | DEATH 190   |
| DATE OF Month (Day) (Year)  Set. 28 1822  | I HEREBY CERTIFY, That I attended deceased from   |
| AGE 88 2 MONTHS 29 DAYS   | that I saw h Mm. alive on July ,1960,   |
| 0 0 YEARS MONTHS, DAYS  | and that death occurred, on the date stated above, assignment   |
| WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows?  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriage 29 years        | on Jan 20, 1910, had not seek   |
| Parent of   | him smay time evaled along 20   |
| (State or country)  State or country)   | do not know suppliate   |
| NAME OF FATHER MARIANA  | Contributory Care (Duration) DAYS   |
| BIRTHPLACE OF FATHER (State or country)   | (Signed) W. D.  |
| MAIDEN NAME   | My 3 1990 (Address) 19 14 1860  |
| OF MOTHER MANNEY  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or  How long at |
| SIRTHPLACE OF MOTHER (State or country)  MRMDWN                                       | where was disease contracted, if not at place of death?   |
| occupation Januar   | PLACE OF BORIAL OR REMOVAL DATE OF BURIAL 190/1   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTATED MALLS ADDRESS  |
| (Informant) Q neo V Nern  | Filed TRUE COPY MBAKON  |
| (Address) (Ohltell ()   | Mul 1990 Registrar  |

# AND WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

| County of Maspleman Department of State—Division of Vital Statistics |  |
|--|--|
| Township of Julian TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Village of   | Registered No  |
| or   | St.; Ward) [If death occurred in a Hospital or Institu-<br>tion, give its NAME   |
| City of (No  | St.; Ward) tion, give its NAME instead of street and number. If away from  |
| Juman Minster  | w Daldwin usual residence, give "Special Information" below.]  |
| FULL NAME  |  |
| PERSONAL AND STATISTICAL PARTICULARS                                 | MEDICAL CERTIFICATE OF DEATH  (Month) (Day) (Year)   |
| SEX Mala COLOB/hite  | DEATH // WW. XX 17 1960  |
| DATE OF (Month) (Day) (Year)   | WHEREBY/CERTIFY, That I attended deceased from   |
| (   with 2 1822  | May 1 st 1980 (to June, 17, 1980,  |
| AGE AGE  | that law hum alive on // une // 1960.  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at & P. M.  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED                                | The CAUSE OF DEATH was as follows:   |
| Mowell   |  |
| NUMBER OF CHILD- If married, age at (first) marriage                 | General Jaresis  |
| Parent of  |  |
| (State or country)   | (DURATION)DAYS   |
| NAME OF Tright Baldwin   | Contributory (DURATION) DAYS   |
| BIRTHPLACE OF FATHER   | (Signed) M.D.  |
| (State or country)   | June 241960 (Address) Tohe bea   |
| MAIDEN NAME OF MOTHER  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :   |
| BIRTHPLACE   | Former or How long at page 1 page 1 page 1 page 2 p |
| OF MOTHER (State or couptry)  New York                               | Where was disease contracted,  if not at place of death?   |
| OCCUPATION   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| Samer  | Vermon Cem Sylvan / 1002, 19, 1960   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                | Interrager for Shehen Mich   |
| (Informant) . If www.  | Filed & TRUE, COMY ON PROM   |
| (Address) Chelela, Much.   | wy, 2 1990   Registrar   |
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MARGIN RESERVED FOR BINDING.

| PLACE OF DEATH   | TATE OF MICHIGAN   |
|--|--|
| County of Mushenau Depart  | rtment of State—Division of Vital Statistics   |
| Township of Mywaw TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Village of   | Registered No.   |
| or   | [If death occurred in a Hospital or Institu-   |
| City of (No  | St.; Ward)  a Hospital of Institute tion, give its NAME instead of street and number. If away from           |
| Sur Jan / Mark   | FOVE usual residence, give "Special Information" below.]   |
| FULL NAME  |  |
| PERSONAL AND STATISTICAL PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH  DATE OF (Month) (Day) (Year)   |
| SEX Male COLOR White   | DATE OF DEATH  (Month)  (Day)  (Pear)  |
| DATE OF (Month) (Day) (Year)   |  |
| 1100, 13,903   | THEREBY CERTIFY, That Pattended deceased from  |
| AGE /  | 1 10 10 101  |
| G YEARS MONTHS, 14 DAYS  | that I say h alive on  |
| SINGLE, MARRIED,   | and that death occurred, on the day place, and any   |
| WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears | Men T:   |
| NUMBER OF CHILD- If married, age at (11/st) marriageyears REN  Parent of   | more and woming in   |
| BIRTHPLACE 50  |  |
| (State or country)   | (DURATION) DAYS  |
| NAME OF  | Contributory   |
| FATHER / alob Nern   | JOURATION) JOAYS   |
| BIRTHPLACE 711.  | (Signed) M.D.  |
| (State or country) Wichigan  | ang 8 1960 (Address) To 1209   |
| MAIDEN NAME OF MOTHER  | 1  |
| Mary Moung   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at |
| BIRTHPLACE OF MOTHER   | usual residence  |
| (State or country) Augusta   | Where was disease contracted, if not at place of death?  |
| OCCUPATION   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
|  | Mum Centra ling 9 1960   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                      | UNDERTAKED Males ADDRESS   |
| (Informant) (Informant)  | Filed A RUESCOPY   |
| (Address) Chalsea  | Chig. 13 10 Kaul Olsacon   |
|  | Registrar  |

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| County of Manyanaw Depa  | rtmen  |
| Township of Jywww TRANSCRIPT   | OF     |
| Village of   |        |
| or 1 1   |        |
| City of (No.   |        |
| - Mohrstian  | 7/1    |
| FULL NAME (G)  | VV     |
| PERSONAL AND STATISTICAL PARTICULARS                                       | _      |
| SEX Mala COLONIA   | DA     |
| DATE OF Month) (Day) (Year)  | 1      |
| () an 18 1828  | (      |
| AGE /  | th     |
| YEARS, MONTHS, DAYS  | an     |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED                                   | Th     |
| U/ NowEA   |        |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears |        |
| Parent of  |        |
| BIRTHPLACE<br>(State or country)   | -      |
| 1/97many   | 1      |
| NAME OF 1  | Co     |
| anknown  |        |
| BIRTHPLACE   | (5     |
| (State or country) Maknown   | _    ` |
| MAIDEN NAME<br>OF MOTHER   | SPE    |
| Unknown  | For    |
| BIRTHPLACE OF MOTHER 7   | usu    |
| (State or country) (MANOWV   | Whe    |
| OCCUPATION O   | if n   |
| James  | 0      |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                      | DIA    |
| (Solar Mella)  | 1/     |
| (Informant)  | tri    |
| (Address) Shelsea  | .   (  |
|  | -11    |

#### TE OF MICHIGAN

t of State-Division of Vital Statistics

CERTIFICATE OF DEATH-LOCAL REGISTER Registered No.

If death occurred in a Hospital or Institu-tion, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.] .Ward)

|                              |  | tion   | below.j                   |
|------------------------------|--|--|---------------------------|
| MEDICAL CERTIFICATE OF DEATH |  |  |                           |
| DATE OF<br>DEATH             | aug (Month)                            | (Day)  | (Year)                    |
|                              | 1                                      | A STATE OF THE STA | A DITTOLE                 |
| / /                          | REBY CERTIFY, Tha                      | //   | 7                         |
| ung                          | 1960 , to                              | ling, 8  | , 1960,                   |
| that I saw                   | h dan alive on d                       | 14 8   | ,1900,                    |
| and that de                  | eath occurred, on the da               | ate stated above,  | at/0 . M.                 |
| The CAUS                     | E OF DEATH was as                      | follows:   | HO STANDON                |
|                              | 1/                                     | 71   | 1                         |
| ( -                          | near of Sa                             | doup &   | M                         |
| Cus                          | and A                                  | was  | //                        |
|                              | Thomaca                                |  | 7                         |
|                              |  | (DURATION)   | DAYS                      |
| Contributo                   |  |  |                           |
| Contribute                   | 1                                      |  | The second and the second |
|                              | d- 1/1                                 | (DISTATION)  | DAYS                      |
| (Signed)                     | 740.11.0                               | anner  | M.D.                      |
| 19                           | 90(Address)                            | the see  | Mich                      |
|                              | ATION only for Hospitals, Institution  |  | eidente :                 |
| Former or                    | ATION only for nospitals, institutions | How long at  | idents.                   |
| usual residence.             |  | place of death?  | Days                      |
| Where was diseas             | se contracted,                         |  |                           |
| if not at place              | 11                                     |  |                           |
| PLACE OF                     | RIAL OR REPOYAL                        | DATE OF BURIA  | 11 .10                    |
| MA                           | an Alegy                               | ADDRESS  | 190                       |
| UNDERTAKER                   | 1 ( Malie                              | Blog   | Vica                      |
| ( X                          | . y. majos                             | The ver  | 1                         |
| Filed                        | 15 -10 A TRUE                          | Carl MI  | alm                       |
| my.                          | 1900                                   | will fill  | Registrar                 |

| PLACE OF DEATH   | TATE OF MICHIGAN   |
|--|--|
| County of Waysquare Depart   | tment of State—Division of Vital Statistics  |
| Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or //  | Registered No.   |
| Village of   | IIf death occurred in  |
| City of (No.   | St.; Ward)  a Hospital or Institution, give its NAME instead of street and   |
| FULL NAME ( ) Gymouro //   | number. If away from usual residence, give "Special Information" below.]   |
| 111111111111111111111111111111111111111  | MEDICAL CERTIFICATE OF DEATH   |
| - PERSONNE AND COMMISSION OF THE PERSONNE AND COMMISSION OF TH | DATE OF (Month) (Day) (Year)   |
| Mala White   | DEATH (11) 199/D   |
| DATE OF Month) (Day) (Year)  AM 19 182/  | THEREBY CERTIFY, That I attended deceased from   |
| AGE 49   | that I say h Les alive on Aug 11 1990  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the days stated  |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED Married  | The CAUSE OF DEATH was as follows:   |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN  If married, age at (first) marriageyears Parent ofchildren, of whomare living   | arterio Schlerosio   |
| BIRTHPLACE (State or country)  Muss (essey)  | (DURATION) DAYS  |
| NAME OF PATHER Object Tynfall  | Contributory DAYS  |
| BIRTHPLACE OF FATHER (State or country)  Mus Persel  | (Signed) Month of Markey Which   |
| MAIDEN NAME OF MOTHER CULTURE STATES   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at place of death? |
| BIRTHPLACE OF MOTHER (State or country) Many Joney   | Where was disease contracted, if not at place of death?  |
| occupation of armer  | PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  1960   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | UNDERWIER Majus ADDRESS  |
| (Informant)  | Filed) A THUE COPY ON TO PO  |
| (Address) Shellsly   | Registrar  |
|  |  |

| PLACE OF DEATH   | TATE OF MICHIGAN   |
|--|--|
| County of // Department of State—Division of Vital Statistics                    |  |
| Township of TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Village of   | Registered No[If death occurred in   |
| or<br>City of No   | St.; Ward) a Hospital or Institu-<br>tion, give its NAME<br>instead of street and  |
| 1/ w (R)   | number. If away from usual residence, give   |
| FULL NAME VASEL  | "Special Information" below.]  |
| PERSONAL AND STATISTICAL PARTIQUEARS   | MEDICAL CERTIFICATE OF DEATH   |
| SEX Male COLOR Shite   | DATE OF DEATH (Month) (Day) (Year)   |
| DATE OF (Mooth) (Day) (Year)   | I HEREBY CERTIFY. That I attended deceased from  |
| Unknow 1   | 190 , to , 190 , 1 |
| AGE  | that I saw halive on, 190,   |
| VEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at  |
| 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 | Geerdentally killed by   |
| Parent of  | 311.01+10F   |
| (State or country) Maladona  | Michigan Julia (DURATION) DAYS   |
| NAME OF FATHER //a/ I Risto (Polsoff)  | Contributory DAYS  |
| BIRTHPLACE OF FATHER (State or country)  Marian                                  | (Signed) Trank Brook, Coroners   |
| MAIDEN NAME  | 190 (Address) Charles finales  |
| OF MOTHER TOde Micola  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients of Recent Residents :  Former or How long at  |
| BIRTHPLACE OF MOTHER (State or country)  M. DE d DAG                             | usual residence  |
| OCCUPATION A A A A A A A A A A A A A A A A A A A                                 | if not at place of death?  |
| ( Kastroad Laborer   | PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                            | UNDERTAKER ADDRESS   |
| (Informant) B. Costa   | J. U-Mayres Jonessen   |
| othe bea   | ling 27 19do Tank OBacon   |
| (Address)  | Registrar  |

BINDING.

| Ö 11   | ATE OF MICHIGAN  |
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| PLACE OF HELL  | ment of State—Division of Vital Statistics   |
| County of Mashenau Departm   | ment of State Division of The Local REGISTER   |
| TRANSCRIPT O   | F CERTIFICATE OF DEATH—LOCAL REGISTER  |
| Township of  | Registered No.   |
| or   | IIf death of   |
| Village of   | St.; Ward) a Hospital of tion, give it   |
| or // (No  | Instead of   |
| City of  | usual reside   |
|  | "Special tion" below   |
| 101 ariver   | A Lord   |
| FULL NAME  | MEDICAL CERTIFICATE OF DEATH   |
| PERSONAL AND STATISTICAL PARTICULARS   | (Day)  |
|  | DATE OF (Month)  |
| SEX 71/ COLOR ONLY   | DEATH (1110 24 199   |
| Mala   |  |
| (Year)   | LHEREBY CENTIFY, That I attended decea   |
| DATE OF (MORE)   | HEREBY CENTILLY  |
| (mg ) 1707   | aug. 21/1000, to ling. 24  |
|  | that I sawh and alive on wy  |
| AGE 1/1  | that I saw in Alexander of the total above, at .   |
| MONTHS, DAYS   | and that death occurred, on the data stated above, at.   |
| YEARS,   | The CAUSE OF DEATH was as follows:   |
| SINGLE, MARRIED,   | The CAUSIL OF TH |
| WIDOWED, OR DIVORCED   | 0 1 0 + + t.   |
| The state of the s | le ta landrognerius  |
| AGE AT MARRIAGE. NUMBER OF CHILD- If married, age at (first) marriageyears   | Court file   |
| REN Parent of  |  |
| CParent of   | (2)  |
| BIRTHPLACE 7./-  | (DURATION)   |
| (State or country) Milly a am.   | Contributory Cerabras ordains  |
| I'm my   | Contributory   |

(Signed).....

usual residence...

UNDERTAKER

Filed

Where was disease contracted,

.190.....(Address)....

EMOVAL

ADDRESS

THUE CON

NAME OF

BIRTHELACE OF FATHER (State or country)

MAIDEN NAME

BIRTHPLACE

OF MOTHER (State or country)

OCCUPATION

(Informant)

(Address)

THE ABOVE STATED PERSONAL PARACULARS ARE TRUE TO THE

h occurred in all or Instituities NAME of street and If away from sidence, give all Informaelow.] WRITE (Year) ased from ...., 196 0 A PERMANENT M. D SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: RECORD. How long at place of death? ..... DATE OF BURIAL Registrar

| County of Man Department of State—Division of Vital Statistics                  |  |
|---|--|
| Township of TRANSCRIPT  | of State—Division of Vital Statistics  OF CERTIFICATE OF DEATH—LOCAL REGISTER                  |
| or<br>Village of  | Registered No.   |
| or<br>City of   | St; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and |
| FULL NAME John The  | instead of street and number. If away from usual residence, give "Special Information" below]  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| SEX MAL COLORAL F   | DATE OF (Month) (Day) (Year)   |
| Male Thurs  | DEATH august 24 19/0   |
| DATE OF Morth) (Day) (Year)   | I HEREBY CERTIFY, That Pattended deceased from   |
| AGE   | ( July 20 1980, to Gug 24, 1980,   |
| 55 YEARS MONTHS 2 DAYS  | and that death occurred, on the date stated above, at  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriage. 25 years | (Ven michael Angenia   |
| REN Parent of   | Termacisus Vinaemia  |
| BIRTHPLACE (State or country)   | Several months (DURATION) DAYS   |
| NAME OF FATHER  | Contributory   |
| Janon Haver   | (DURATION) DAYS  |
| BIRTHPLACE OF FATHER (State or country)   | (Signed) M.D.  |
| MAIDEN NAME<br>OF MOTHER  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:          |
| Muerter Maurel  | Former or How long at  |
| BIRTHPLACE OF MOTHER (State or country)   | where was disease contracted,  |
| OCCUPATION DE   | if not at place of death?  |
| X armer,  | IM. Oliver Chelsea Cing. 27 10   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                           | Taffan In Chelea   |
| (Informant)   | Filed a grant of the con   |
| (Address) SALLUL  | Registrar  |

(Address

WRITE PLAINLY HTIW UNFADING INK-THIS PERMANENT RECORD

Registrar

MARGIN

RES

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FOR

BINDING

| PLACE OF DEATH STATE OF MICHIGAN   |  |
|--|--|
| County of Many Depart  | tment of State—Division of Vital Statistics  |
| Township of Man TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Village of   | Registered No  |
| or City of (No   | A. St; Ward) a Hospital or Institu-  |
| Mo.  | 1 instead of street and number. If away from   |
| FULL NAME  | afley usual residence, give "Special Information" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| SEX Male COLOR Mite  | DATE OF DEATH  Month  (Day)  (Year)  |
| DATE OF (Menth) (Day) (Year)   | The second secon |
| 100 7 1836   | WEREBY CERTIFY, That I attended deceased from  |
| AGE 73 11 28   | that I saw h win alive on Hov. 5 ,1960,  |
| YEARS, MONTHS, A DAYS  | and that death occurred, on the date stated above, atM.  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriage  | apropledy  |
| Parent ofchildren, of whomare living   |  |
| BIRTHPLACE (State or country) Michigan   | (DURATION) DAYS  |
| NAME OF HOLING Malloy  | Contributory   |
| BIRTHPLACE   | (Signed) Sto. W. Salyer M. D.  |
| (State or country)   | Nove 7 1960 (Address) Pulsea   |
| MAIDEN NAME OF MOTHER MAIDEN NAME  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :   |
| BIRTHPLACE   | Former or How long at usual residence Days   |
| OF MOTHER (State or country)   | Where was disease contracted,  |
| OCCUPATION   | if not at place of death?  |
| The Land of the La | Mulian Pentir Nov. 8 1900  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  | UNDERTAKER Mehes ADDRESS helieg  |
| (Informant)  | Piled ATRIE COM  |
| (Address)  | Registrar  |

Filed

STATE OF MICHIGAN

PLACE OF DEATH

(Informant) /

WRITE PLAINLY WITH UNFADING INK-THIS PERMANENT RECORD

MARGIN

RESERVED

FOR

BINDING

| 1 |  | TATE OF MICHIGAN   |
|---|--|--|
| - | County of Mayleman Depar   | tment of State—Division of Vital Statistics  |
|   | Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH-LOCAL REGISTER   |
|   | Village of   | Registered No.   |
| - | or (No   | St.; Ward) [If death occurred in a Hospital or Institu-<br>tion, give its NAME.        |
| - | The state of the s | instead of street and<br>number. If away from  |
| - | FULL NAME Wenry /a   | usual residence, give "Special Information" below.]                                    |
|   | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
|   | SEX MO COLOR   | DATE OF (Month) (Day) (Year)   |
|   | Thur Thire   | Dec  |
|   | DATE OF Month (Day) (Year)   | I HEREBY CERTIFY, That I though deceased from  |
|   | (//ary 24 1869   | on Dev, 4 1960, to 190 , 190 ,   |
| 1 | AGE /// // //  | that I saw II alive on 190 ,   |
|   | MONTHS, DAYS   | and that death occurred, on the date stated above, at 204M.                            |
|   | SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as tollows:   |
| - | AGE AT MARRIAGE, ( 23  | X) Jugar vy m. periora many se   |
|   | NUMBER OF CHILD- REN  If married, age at (first) marriage  | while walking of Michigan Jennal   |
|   | BIRTHPLACE   | gright of way about 80 stores west of  |
| 1 | (State or country) as hoon of Min.   | Molen crotsing Syntantio ourishor  |
|   | NAME OF PATHER   | confidential 10. according to verdet   |
|   | Jalob Pager  | of coronal juny held light me DAYS   |
|   | BIRTHPLACE<br>OF FATHER  | (Signed) 8 /90 M.D.  |
|   | (State or country)   | 190 (Address) A Justice of teas  |
|   | MAIDEN NAME<br>OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Assidents : |
|   | BIRTHPLACE   | Former or How long at usual residence  |
| 1 | OF MOTHER (State or country)   | Where was disease contracted,  |
| 1 | occupation (   | if not at place of death?  |
| 1 | Merepandire clerk  | Mankineo Sel. 7 1960   |
|   | THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | INDERPAKER J ADDRESS   |
|   | (Informant) Tourse N. Nager  | x. / over gran Lune  |
|   | (Address) Transized  | 2) el. 141960 ATRICE Balon   |
| 1 | ( Lauren )   | Registrar  |

Registrar

| PLACE OF DEATH   | TATE OF MICHIGAN   |
|--|--|
| County of Warhtenaw Depart   | ment of State—Division of Vital Statistics   |
| Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or<br>Village of   | Registered No.  [If death occurred in a Hospital or Institution, give its NAME instead of street and |
| City of Mrs. Cultur H.   | instead of street and number. If away from usual residence, give "Special Information" below.]       |
| FULL NAME TO STATISTICAL PARTICULARS                                     | MEDICAL CERTIFICATE OF DEATH   |
| PERSONAL AND COLOR AND COLOR   | DATE OF (Month) (Day) (Year)   |
| Temale Mule  | DEATH FULL 24 1961   |
| DATE OF Month) (Day) (Year)  BIRTH MAN 19 19 1944                        | HEREBY CERTIFY, That Lattended deceased from   |
| 11000  | 7/ 23 1991   |
| AGE 67 YEARS MONTHS, 5 DAYS  | and that death occurred, on the date stated above, at 6 M.   |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED WARNES                             | The CARSE OF DEATH was as follows: Very faritis  |
| AGE AT MARRIAGE, NUMBER OF CHILD-REN    Street                           | and hyperbrothy of heart   |
| BIRTHPLACE (State or country)  M. A. | (DURATION) DAYS  |
| NAME OF FATHER   | Contributory   |
| Les vanouse  | Jes Walmer M.D.  |
| BIRTHPLACE<br>OF FATHER<br>(State or country)                            | (Signed) 190 (Address) helsey M/+  |
| MAIDEN NAME OF MOTHER MASE   | SPECIAL INFORMATION only for Hospitals Institutions, Transients or Recent Residents:  How long at    |
| BIRTHPLACE OF MOTHER (State or country)                                  | Where was disease contracted, if not at place of death?  |
| OCCUPATION Thomasewile   | PLACE OF BURIAL OR SEMOVALON DATE & BURIAL 27 19/  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                    | UNGERTAKER II a Sou helow Wich   |
| (Informant) Geo. Grahman   | Filed Filed  |

(Address)

|   | TATE OF MICHIGAN   |
|---|--|
| County of // Department Department                        | tment of State—Division of Vital Statistics  |
| Township of MANAY TRANSCRIPT                              | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Village of  | Registered No  |
| City of(No  | a Hospital or Institu-   |
| 1 14  | instead of street and number. If away from   |
| FULL NAME MARGARET MAR                                    | y Early usual residence, give "Special Information" below.]                            |
| PERSONAL AND STATISTICAL PARTIGULARS                      | WEDICAL CERTIFICATE OF DEATH   |
| SEX COLOR OF I  | DATE OF (Month) (Day) (Year)   |
| Temale Mule   | Mar. 5 191   |
| DATE OF (Month) (Day) (Year)                              | Annaly appropriate the Letter led decored from   |
| lug 20 1881   | I ALREDY CERTIFY, That I attended deceased from  |
| AGE A A I   | that I saw h 27 alive on 11 5 ,1991  |
| A TEARS MONTHS DAYS                                       | and that death occurred, on the date stated above, at 6 G. M.                          |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED                     | The CAUSE OF DEATH was as follows:   |
| single  | 11111  |
| NUMBER OF CHILD- If married, age at (first) marriageyears | Valvular disease of heart  |
| Parent ofchildren, of whomare living                      |  |
| BIRTHPLACE (State or country)                             |  |
| NAME OF A   | Contributory orderns of lungs  |
| FATHER GRAND LINKS  | A Q (DORATION) A DAYS  |
| BIRTHPLACE  | (Signed) Jush M.D.   |
| (State or country)  | Mar 6 19d1 (Address) Phalsea   |
| MAIDEN NAME OF MOTHER                                     | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |
| Inaget are  | Former or How long at  |
| BIRTHPLACE OF MOTHER (State or country)                   | usual residence  |
| OCCUPATION  | Where was disease contracted, if not at place of death?                                |
| A LAND MEN AND AND AND AND AND AND AND AND AND AN         | PLACE OF BURIAL OR REMOVAL   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE     | UNDERTAKER / A ADDRESS /   |
| BEST OF MY KNOWLEDGE AND BELIEF                           | 7. Staffay o Jon Chelsey Mich  |
| (Informant)   | Filed ATRUE, COPY ON 12  |
| (Address) filling Alliel                                  | Mar 1991 Sauf Sucon Registrar  |

MARGIN RESERVED FOR BINDING.

|  | TATE OF MICHIGAN   |
|--|--|
| County of Maghterian Depart  | ment of State—Division of Vital Statistics   |
| Township of Julyan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or William of  | Registered No. O   |
| Village of   | [If death occurred in a Hospital or Institu-<br>tion, give its NAME                                |
| City of (No.   | instead of street and  |
| FULL NAME M. C. CLEY L-  | Musual residence, give "Special Information" below.]   |
| PERSONAL AND STATISTICAL PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH   |
| Temule COLOR White   | DAYE OF Month (Day) (Year)  DEATH  MAN 12  1944  |
| DATE OF BIRTH (Month) (Day) (Year) 843                                     | THEREBY CERTIFY, That I attended deceased from   |
| AGE 47 YEARS, 5 MONTHS, DAYS   | that I saw h. & alive on MAN, 12 1961 and that death occurred, on the date stated above, at 100, M |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED  Married                             | The CAUSE OF DEATH was as follows:   |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN  If married, age at (first) marriage | Throis Interstial Refshritis   |
| (State or country) Tuland  | (DURATION)   |
| NAME OF James Savage   | Contributory (buration)  |
| BIRTHPLAGE OF FATHER (State or country)  (State or country)                | (Signed) Many James Mich   |
| Mary Mead  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  How long at |
| BIRTHPLACE OF MOTHER (State or country)                                    | wsual residence  |
| occupation Homewife  | Mr. Hur Constery Mar. 15 1911  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                      | To Tallano Son Theneg Mich   |
| (Informant)  | Filed A A TRUE CONT O BUCCON   |
| (Address)  | Mary 10 196 Registrar  |

# ME WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

| PLACE OF DEATH  | TATE OF MICHIGAN   |
|---|--|
| County of Depart  | rtment of State—Division of Vital Statistics   |
| Township of Ywan TRANSCRIPT   | OF CERTIFICATE OF DEATH-LOCAL REGISTER   |
| or .  | Registered No.   |
| Village of  | [If death occurred in  |
| City of (No   | St.; Ward) a Hospital of Institu-<br>tion, give its NAME                               |
| 10 to | instead of street and number. If away from   |
| FULL NAME allering Make   | usual residence, give "Special Informa-  |
|   | tion" below.] 4.   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| SEX ADMARIA COLOR OFF   | DATE OF (Month) (Day) (Year)   |
| 1 mile 11 mile  | Mil 6 190/   |
| DATE OF (Month) (Day) (Year)  |  |
| 121. 16 1844  | I HEREBY CERTIFY, That I attended deceased from  |
| AGE   | 190/, to fire /b , 190/,   |
| 1 og  | that I saw h L alive on 4 ,190/,   |
| YEARS, MONTHS, DAYS   | and that death occurred, on the date stated above, atM.                                |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |
| Jalowas   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD-  If married, age at (first) marriageyears   | lan remis feets  |
| Parent of   | any mu periors   |
| BIRTHPLACE  |  |
| (State or country)  | (DURATION) DAYS  |
| Somonny   | antonia referencia con man   |
| NAME OF FATHER  | Contributory VOUS SELECTION CONTRACT   |
| your amendencier  | (DURATION)   |
| BIRTHPLACE<br>OF FATHER   | (Signed) M.D.  |
| (State or country)  | Will good was helde Mich   |
| MAIDEN NAME OF MOTHER   | 4/4/2 199/ (Address)   |
| Makesta Tyler   | SPECIAL INFORMATION only for Kospitals, Institutions, Transients or Recent Residents : |
| BIRTHPLACE  | Former or How long at usual residence Days   |
| OF MOTHER (State or country)  | Where was disease contracted,  |
| OCCUPATION TO   | if not at place of death?  |
| To an in  | PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  |
| 1 sourcewite  | Valen Gerille C. 14-19 1901  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF   | UNDERTAKER   |
| Who Food Malestonek   | V. 1. Makes therea   |
| (Informant)   | Filed ATRUE COPY   |
| (Address) Pelseg Will   | July 21 196 Oul Orsacon  |
|   | Registrar  |

| PLACE OF DEATH ST   | TATE OF MICHIGAN   |
|---|--|
| County of Washinaw Depart   | ment of State—Division of Vital Statistics   |
| Township of JUNIAN TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or  | Registered No.   |
| Village ofor  | [If death occurred in a Hospital or Institu-   |
| City of (No.  | St; Ward)  St; In death or Institution, give its NAME instead of street and number. If away from   |
| FULL NAME / Ling 13elle   | mumber. Industry in the state of the state o |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| sex temal color white   | DATE OF (Month) (Day) (Year) DEATH  (Month) (Day) (Year)   |
| DATE OF GRIONIO (Day) (Year)  1 8 9 9   | HEREBY CERTIFY, That Vattended deceased from   |
| AGE /A YEARS MONTHS 9 DAYS  | that I saw h 22 alive on July 2 and that death occurred, on the date stated above, at 5 1. M.  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   | The CAUSE OF BEATH was as tollows: frant   |
| AGE AT MARRIAGE, NUMBER OF CHILD-REN   If married, age at (first) marriageyears       |  |
| BIRTHPLACE (State or country) Window  | Two graw - (DURATION) DAYS   |
| NAME OF BANKING AND AMMOND  | Contributory Months BURATION) DAYS   |
| BIRTHPLAGE OF FATHER (State or country)  OF MATTER (State or country)                 | (Signed) (Address) Trasp Lake Wich   |
| MAIDEN NAME OF MOTHER STATES  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  How long at  place of death?  |
| State or country)   | Where was disease contracted, if not at place of death?  |
| OCCUPATION  | PLACE OF BURIAL OR REMOVAL PATEON BURIAL 3.4 190/  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | Worker Majus Shelsea   |
| (Informant)   | Filed of 201 and Saule Jacon   |
| (Address)   | Registrar  |

# WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

|    | PLACE OF DEATH   | TATE OF MICHIGAN   |
|----|--|--|
|    | County of Masy fram. Depart  | tment of State—Division of Vital Statistics  |
|    | Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH-LOCAL REGISTER   |
|    | or   | Dowigtored No. 6   |
|    | Village of or  | Registered No[If death occurred in   |
|    |  | St.; Ward) a Hospital or Institu-<br>tion, give its NAME                               |
|    |  | St.; Ward) tion, give its NAME instead of street and number. If away from              |
|    | 6/1 1 f 2. X   | usual residence, give  |
|    | FULL NAME MAS LES 07   | "Special Information" below.]  |
|    | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
|    | SEX 9 / COLOR  | DATE OF (Month) (Day) (Year)   |
|    | Mala Marke   | DEATH 7/15C 1/   |
|    | may may  | 190  |
|    | DATE OF (Month) (Day) (Year)   |  |
|    | BIRTH 1/// 13. 611   | I HEREBY CERTIFY, That I attended deceased from  |
|    | 1/4ml 23 1908  | Nov. 4 1901 to Nov. 4 , 190/   |
|    | AGE  | doed Mould and   |
|    | 1  | that I saw h in on Octob 100, 4, 1991,   |
|    | YEARS MONTHS DAYS  | and that death occurred, on the date stated above, at 6 0, M.                          |
|    | SINGLE, MARRIED, WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |
|    |  |  |
|    | AGE AT MARRIAGE,   | The I I I I I  |
|    | NUMBER OF CHILD-   | fras deag when y arrived   |
|    | Parent of  | said to have showed to   |
|    | BIRTHPLACE 741   | 120 y go vovo 1 000 100 100  |
|    | (State or country)   | death natural Causes (DURATION) DAYS   |
|    | - morgani  |  |
|    | NAME OF FATHER   | Contributory   |
|    | (14 as. WM 11 / ounor  | DAYS DAYS  |
|    | BIRTHPLACE   | (Signed) ( Seo W Salmer M.D.   |
|    | OF FATHER (State or country)   | (Signed) M.D.  |
|    | in the second  | 190 (Address) Mellic   |
| 97 | MAIDEN NAME<br>OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |
|    | Will Looney  |  |
|    | BIRTHPLACE   | Former or How long at usual residence Days   |
|    | OF MOTHER  | usual residence  |
|    | (State or country)   | Where was disease contracted, if not at place of death?                                |
|    | OCCUPATION   |  |
|    | Annual Section 1   | IN HE TOWN THE                                     |
|    |  | Pamoly IM. Dynan 1000 1991   |
|    | THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  | UNDEBTAKE ADDRESS ADDRESS  |
|    |  | Ixlassay from I herrey   |
|    | (Informant)  | Filed A True copy  |
|    | (ADDING TO THE ADDING TO THE A | 7/00:13 1961 Saul 012acon  |
| M  | (Address)  | Registrar  |
|    |  |  |

MARGIN RESERVED FOR BINDING.

| THACH OF THE  | TATE OF MICHIGAN   |
|---|--|
| County of Mashleuliu Depart   | ment of State—Division of Vital Statistics   |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| T.  | Registered No[If death occurred in   |
| village of  | Ward) a Hospital of Institu-   |
| City of (No.  |  |
| FULL NAME (edelbert M)  | usual residence, give "Special Information" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| sex Male color hite   | DATE OF DEATH  (Month)  (Day)  (Year)  |
| DATE OF DIRTH 7 (Month) (Day) (Year) 25 1868  | JI HEREBY CERTIFY, That I attended deceased from   |
| AGE   | that I saw h is alive on See, 14 ,1967,  |
| 43 YEARS MONTHS, 2 DAYS   | and that death occurred, on the date stated above, at Z. M.  |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |
| WIDOWED, OR BIVERELD  |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN  If married, age at (first) marriageyears  Parent ofchildren, of whomare living | Julmonary Juberculosis   |
|   | (  |
| (State or country)  | Contributory   |
| NAME OF Heury Main  | GOLDEN (DURATION) DAYS  M. D.  |
| BIRTHPLACE OF FATHER (State or country)  The way of the country)  | (Signed) Address) Aleksea  |
| MAIDEN NAME Silly Moatt   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  How long at Former or |
| BIRTHPLACE OF MOTHER (State or country)  Melingun   | Where was disease contracted,  if not at place of death?   |
| OCCUPATION  | PLACE OF BURIAL OR REMOVALO  DATE OF BURIAL  190/  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF                                 | UNDERTAKER Major Address helsea  |
| (Informant) / Walle July Which  | Filed sec 18 1901 A Faul M3 alon   |
| (Address)   | Registrar  |

| PLACE OF DEATH   | TATE OF MICHIGAN   |
|--|--|
| County of Manual Depart  | ment of State—Division of Vital Statistics   |
| Township of Ayway TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Village of   | Registered No.   |
| or City of (No   | a Hospital or Institu-   |
| City of No.  | instead of street and<br>number. If away from<br>usual residence, give   |
| FULL NAME Mushing the  | Office "Special Information" below.]   |
| PERSONAL AND STATISTICAL PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH   |
| SEX COLOR  | DATE OF (Month) (Day) (Year)   |
| temale White   | DEATH (MM. 6 1912  |
| DATE OF (Month) (Day) (Year)   | IN HEREBY CERTIFY, That I attended deceased from   |
| July 29 1829   | Dec, 15 1961, to Jan. 6, 1962.   |
| AGE CO   | that I saw h DZ alive on San 6 190/2   |
| YEARS MONTHS, DAYS   | and that death occurred, on the date stated above, at & G. M.  |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED                                   | The CAUSE OF DEATH was as follows:   |
| Mymen  |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears | Cerebrae Copopleyy   |
| Parent ofchildren, of whomare living                                       | The second secon |
| EIRTHPLACE (State or country) Sermany                                      | (DURATION) 21 DAYS   |
| NAME OF FATHER Mulsuouv  | Contributory (DURATION) DAYS   |
| BIRTHPLACE   | (Signed) M.D.  |
| (State or country) Mknowy  | 190 (Address) Thebea   |
| MAIDEN NAME<br>OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :   |
| BIRTHPLACE   | Former or How long at usual residence  |
| (State or country)   | Where was disease contracted, if not at place of death?  |
| OCCUPATION   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| Mousevije  | German M.E. Jan. 9 1902  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE THUE TO THE                      | UNDERTAKER ADDRESS   |
| (Informant) (ingust, Meofifie  | Tiled Compagner of Merica  |
| (Address) Phelseg Which.   | Man 11 1992 A Jaul Bacon   |

| PLACE OF DEATH ST  | ATE OF MICHIGAN   |
|--|---|
| County of Mashtonian Department  | ment of State—Division of Vital Statistics  |
| Township of Sylven TRANSCRIPT  | OF GERTIFICATE OF DEATH—LOCAL REGISTER  |
| ory  | Registered No[If death occurred in a Hospital or Institu-                             |
| Village of or (No.   | St; Ward) tion, give its NAME   |
| City of  | usual residence, give   |
| 1 om   | tion below.j  |
| PERSONAL AND STATISTICAL PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH  (Day) (Year)  |
| COLOR ALL  | DATE OF (Month)   |
| sex Male Thile   | 7609 190  |
| DATE OF (Month) (Day) (Year)   | THEREBY CERTIFY, That Lattended deceased from   |
| BIRTH Cug 24 1851  | 7 eby 10 /1902, to 7 eby 15 1962  |
| AGE  |   |
| 60 YEARS, MONTHS, DAYS   | and that death occurred, on the date stated above, at 2:45 A.M.                       |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED                                      | The CAUSE OF DEATH was as follows:  |
| 11/100000  | As I bearing  |
| AGE AT MARRIAGE. NUMBER OF CHILD- If married, age at (first) marriageyears | / Stoneno - V neumo visia   |
| Parent ofchildren, of whomare living                                       | 0 4 5 pays  |
| BIRTHPLACE (State or country)  | (DURATION)  |
| - few good   | Contributory Cleute Southern  |
| NAME OF TO A DAMES TO SELLAN   | (1) (BURATION) M.D.   |
| BIRTHPLACE   | (Signed)  |
| OF FATHER (State or country)   | Mar. 1992 (Address)   |
| MAIDEN NAME  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |
| OF MOTHER Mary Durning   | Former or place of death?   |
| BIRTHPLACE<br>OF MOTHER  |   |
| (State or country)   | if not at place of death?   |
| OCCUPATION Tarmer  | Will Dent Emelen 1 104 1 1902   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                      | UNDERTAYER ADDRESS  |
| THE ABOVE STATED FERENCE AND BELIEF  | A TRUE COPY   |
| (Informant)  | Filed July 10 Janely Jacon  |
| (Address) Julibey nuces  | Registrar   |

| PLACE OF DEATH   | TATE OF MICHIGAN   |
|--|--|
| County of Washlenan Depart   | tment of State—Division of Vital Statistics  |
| Township of Sylvan TRANSCRIPT                                      | OF CERTIFICATE OF DEATH-LOCAL REGISTER 2   |
| or<br>Village of   | Registered No. 78 3  |
| or   | St.; Ward) [If death occurred in a Hospital or Institu-<br>tion, give its NAME         |
| City of(No   | instead of street and number. If away from   |
| FULL NAME MAY WING   | Jaldwin usual residence, give "Special Information" below.]                            |
| PERSONAL AND STATISTICAL PARTICULARS                               | MEDICAL CERTIFICATE OF DEATH   |
| SEX FLAMILLE COLOR Philes  | DATE OF DEATH  (Year)  (Year)  (Year)  |
| DATE OF (Month) (Day) (Year)                                       |  |
| Mar 14 1836  | HEREBY CERTIFY, That I attended deceased from 1902, to Mar. 28, 1902,                  |
| AGE 07/  | that I saw h C7 alive on Mar, 28, 1962,  |
| 6 YEARS MONTHS DAYS  | and that death occurred, on the date stated above, at 12. a. M.                        |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED                              | The CAUSE OF DEATH was as follows:   |
| 11 MWW   | Dar Denona & Haller  |
| NUMBER OF CHILD-<br>REN   If married, age at (first) marriageyears | Jew con ong of a lague,  |
| Parent of  |  |
| (State or country) Maphing an                                      | (DURATION) 3 915   |
| NAME OF FATHER   | Contributory   |
| 102hul Insummen  | DAYS DAYS  |
| BIRTUPLACE<br>OF FAMILIER<br>(State or country)                    | (Signed) M. D.   |
| MAIDEN NAME  | 190 (Address)  |
| OF MOTHER MORAN  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |
| BIRTHPLACE   | Former or usual residence place of death? Days   |
| OF MOTHER (State or country)                                       | Where was disease contracted, if not at place of death?                                |
| OCCUPATION AND AND AND AND AND AND AND AND AND AN                  | PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE              | 2 mg lutre Mal, 30 1902  |
| BEST OF MY KNOWLEDGE AND BELIEF                                    | In Makes Makes   |
| (Informant)  | Filed 20 20 ATRUSTORY 10/30191   |
| (Address) Mellela  | MML.30 1962 (MMG O' Registrar  |
| 1  |  |

|   | TATE OF MICHIGAN   |
|---|--|
| County of Ashabellus Depart   | ment of State—Division of Vital Statistics   |
| Township of Tylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or  | Registered No.   |
| Village of  | St.; Ward)  [If death occurred in a Hospital or Institu- tion, give its NAME instead of street and |
| City of City  |  |
| FULL NAME Jarah Jan   | usual residence, give "Special Informa- tion" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 1   00100/ // 1/  | DATE OF (Month) (Day) (Year)   |
| Temule White  | DEATH 7/100, 2( 196.2  |
| DATE OF BIRTH (Month) (Day) (Year) 2 9 1851                                     | I MEREBY CERTIFY, That I attended deceased from S 19062 to Man, 2/ 190/2                           |
|   | that I saw h 2 alive on ,1962,   |
| AGE  60 YEARS, 4 MONTHS, 22 DAYS  | and that death occurred, on the date stated above, at  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   |
| Marred  | Off A TO A A   |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN  If married, age at (first) marriageyears | Mohleyw (Cerebral)   |
| Parent of   |  |
| (State or country)  | Paraise instanction relation   |
| NAME OF TATHER  | Contributory (DUPATION) DAYS   |
| - May way wan   | Sylvan M.D.  |
| BIRTHPLACE OF FATHER (State or country)   | (Signed) Phelsen Was 22 1962 (Address)   |
| MAIDEN NAME OF MOTHER OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:              |
| Mary whitead  | How long at  |
| BIRTHPLACE OF MOTHER (State or country)   | Former or usual residence  |
| OCCUPATION -  | if not at place of death?  |
| Mousewife   | Vak Frove, Phekey Mar. 23 1962   |
| THE ABOVE STATED PERSONAL PANTICULARS ARE THUE TO THE                           | Staffan o Son Address helsen   |
| (Informant) CO V. DO GO   | Filed Jan 2 1962 Taulor Baton  |
| (Address)   | Registrar  |

| PLACE OF DEATH STATE OF MICHIGAN                                      |  |
|---|--|
| County of Mashlewaw. Department of State—Division of Vital Statistics |  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or  | Registered No.   |
| Village of or   | [If death occurred in a Hospital or Institu-   |
| City of (No)  | St; Ward) tion, give its NAME instead of street and                                    |
| ment would remigned   | number. If away from usual residence, give   |
| FULL NAME MMA   | John "Special Information" below.]   |
|   | MEDICAL CERTIFICATE OF DEATH   |
| PERSONAL AND STATISTICAL PARTICULARS                                  | DATE OF (Month) (Day) (Year)   |
| SEX COLOR THAT'S  | DEATH Man 1  |
| PATE OF (Month) (Day) (Year)  | May 6 190 L  |
| DATE OF (Mond)  | HEREBY CERTIFY, That I attended deceased from  |
| May 16 1849   | May 15 1902, to May 13 , 1902  |
| AGE   | that I saw h & alive on May 15 ,1902,  |
| 6 3 YEARS MONTHS DAYS   | and that death occurred, on the date stated above, at                                  |
| SINGLE, MARRIED,  | The CAUSE OF DEATH was as follows:   |
| WIDOWED, OR DIVORCED Marved   |  |
| AGE AT MARRIAGE, ( , , , , , , , , , , , , , , , , , ,                | Henry Charles  |
| NUMBER OF CHILD-  | 1 way any of   |
| Pasent of   |  |
| BIRTHPLACE (State or country)   | (DURATION)DAYS   |
| Corraino  | Contributory   |
| NAME OF FATHER O  | ODIETION DAYS  |
| win winning   | NI STILL   |
| BIRTHPLACE<br>OF FATHER   | (Signed) M. D.   |
| (State or country)  | May 1/6 199/2 (Address) helse  |
| MAIDEN NAME OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |
| Malmana Pell-repe   | How long at  |
| BIRTHPLACE<br>OF MOTHER   | usual residenceplace of death?   |
| (State or country)  | Where was disease contracted,  |
| OCCUPATION 1  | PLACE OF BURIAL OBSEMOVAL DATE OF BURIAL   |
| 1 ousewife  | Mak Front May 19 1992  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                 | UNRERTAKER ADDRESS   |
| BEST OF MY KNOWLEDGE AND BESTEF                                       | J. y-1/ans shelled   |
| (Informant) M. S.                 | Filed A TRUE COPY DAG 18 M   |
| (Address) Alusea  | May, 22 1962 Registrar   |
| (Address)   | Registrat  |

| PLACE OF DEATH  | STATE OF MICHIGAN   |  |
|---|---|--|
| County of Malfoleguare Department of State—Division of Vital Statistics |   |  |
| Township of Transcript  | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |  |
| Village of  | Registered No.  |  |
| City of (No   | [If death occurred in   |  |
| Providence of Leaders   | St; Ward) a Hospital or Institu-<br>tion, give its NAME<br>instead of street and      |  |
| FULL NAME / and   | number If away from   |  |
| PERSONAL AND STATISTICAL PARTICULARS                                    | usual residence, give "Special Information" below.]                                   |  |
| SEX COLOR   | MEDICAL CERTIFICATE OF DEATH  |  |
| temale Thise  | DATE OF (Month) (Day) (Year)  |  |
| DATE OF (Month) (Day) (Year)  | 190/2   |  |
| February 16.621   | I HEREBY CERTIFY, That I attended deceased from                                       |  |
| AGE 1 2 2   | Jan. 1 1902, to May 27, 1902.   |  |
| 91 /30 11   | that I saw h alive on 190   |  |
| SINGLE, MARRIED.  | and that death occurred, on the date stated above, at 19. M.                          |  |
| WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:  |  |
| AGE AT MARRIAGE,  |   |  |
| NUMBER OF CHILD-  | Terefral Embolism   |  |
| Parent of   | applesa   |  |
| (State or country)  | 200000000000000000000000000000000000000   |  |
| NAME OF   | (DURATION) DAYS   |  |
| FATHER NOV. US p20  | Contributory (DURATION) DAYS  |  |
| BIRTHPLACE<br>OF FATHER   | (Signed)  |  |
| (State or country)  | While a to  |  |
| MAIDEN NAME OF MOTHER   | /WWY 2 199 2. (Address)   |  |
| Meyow   | SPEGIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |  |
| BIRTHPLACE<br>OF MOTHER<br>(State or country)                           | usual residence   |  |
| monon   | Where was disease contracted,   |  |
| OCCUPATION 1  | if not at place of death?   |  |
| THE ABOVE STATED PERSONNEL  | Vermont Tem May 3/2 1962  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                   | UNDERTAKER ADDRESS ADDRESS  |  |
| (Informant) Mrs. Thas Stathaway   | X. J. Mayno philses   |  |
| (Address) Philsea   | Filed ATRUSCOPY DA GRADO  |  |
| (   | Registrar   |  |
| n.  | negistrar   |  |

| PLACE  | of DEATH S   | STATE OF MICHIGA                                      | TARG TO HOADE  |
|--|--|---|--|
| County of  | ashlenau Depa  | rtment of State-Division of Vital Sta                 | tistics  |
| Township of  | Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH_LOC                           | AL REGISTER  |
| or<br>Village of   | 19/00/8  |   | Registered No  |
| Or City of   | (No  | St.;  | [If death occurred in<br>a Hospital or Institu-<br>tion, give its NAME   |
| Distriction in the control of the co | 10110  | 7/1-  | instead of street and<br>number. If away from<br>usual residence, give   |
| FULL NAM   | IE Janustyn  | Dime  | "Special Information" below.]  |
| PERSONAL   | L AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICA                                     | TE OF DEATH COARS  |
| SEX 7/   | COLOR Off.   | DATE OF (Month)                                       | (Day) (Year)   |
| Ma   | e since  | May   | 20 190/2   |
| DATE OF<br>BIRTH   | (Month) (Day) (Year)   | I HEREBY CERTIFY, That                                | I attended deceased from   |
| oer  | Mar 23 1836  |   | , 190 ,  |
| AGE  | 1 1 94   | that I saw h MM alive on M                            | , h  |
|  | YEARS MONTHS, A DAYS   | and that death occurred, on the dat                   | e stated above, atM.   |
| SINGLE, MARRIED,   | VORCED MADDIA  | The CAUSE OF DEATH was as fo                          | ollows:  |
| AGE AT MARRIAG   | The Contract of the Contract o | 122 chata di 120                                      | of the same  |
| NUMBER OF CHILI  | It married, age at (first) marriageyears   | Isugin anease   | of Bulliney  |
| BIRTHPLACE   | Parent of  |   | /)   |
| (State or country)   | Managery   |   | (DURATION) DAYS  |
| NAME OF  | 21   | Contributory  | A STATE OF THE STA |
| FATHER   | mprout   | a flag  | J (DURATION)DAYS   |
| BIRTHPLACE<br>OF FATHER  | 7//  | (Signed)  | yse M.D.   |
| (State or country)   | Musnow)  | 190 (Address)   | rokea Which  |
| MAIDEN NAME<br>OF MOTHER   | 1/2. 1 1   | SPECIAL INFORMATION only for Hospitals, Institutions, | Transients or Recent Residents :   |
| BIRTHPLACE   | om man v   | Former or usual residence                             | How long atDays  |
| OF MOTHER<br>(State or country)  | Maknows  | Where was disease contracted,                         |  |
| OCCUPATION   |  | PLACE OF BURIAL OR REMOVAL                            | DATE OF BURIAL   |
| 1 cor  | tamer  | Manuello  | UM2, 2-3 1901 2  |
| THE ABOVE STAT   | TED PERSONAL PARTICULARS ARE TRUE TO THE   | UNDERTAKER  | ADDRESS  |
| (Informant)  | Mrs. V. Spruse   | J. J. Josler  | grantane   |
| (Informant)  | Phalopa  | Filed A TRUE CO                                       | and OBacor   |
| (Address   | i) messeg  | 1902  | Registrar  |

MARGIN RESERVED FOR BINDING.

| PLACE OF DEATH   | STATE             | OF MICHICA                             | NI                                     | MARKET LANGE   |
|--|-------------------|--|--|--|
| County of Margh Grant Department of State—Division of Vital Statistics |                   |  |  |  |
| Township of Aylvan TRANSCRIP   |                   |  | tatistics                              |  |
| Village of   | OF CERTIF         | TICATE OF DEATH-LO                     | CAL REGISTI                            | ER A   |
| or   |                   |  | Register                               |  |
| City of No   |                   | St.;                                   | Ward) a H                              | f death occurred in<br>Iospital or Institu-                  |
| 1 Xal  |                   | 1 11                                   | ins                                    | n, give its NAME<br>tead of street and<br>mber. If away from |
| FULL NAME / MM / Wane  | 1 7               | malley                                 | ust<br>"S                              | pecial Informa-<br>n" below.]                                |
| PERSONAL AND STATISTICAL PARTICULARS                                   | T                 | MEDICAL CERTIFIC                       |  |  |
| SEX COLOR  | DATE OF           | (Month)                                | (Day)                                  | (Year)   |
| - Male The   | DEATH             | ana                                    | (Day)                                  | (Tear)   |
| DATE OF (Month) (Day) (Year)   | 1                 | Cuy                                    | 9                                      | 190/2  |
| Jug 2 19/2   | I HE              | REBY CERTIFY, Tha                      | t I attended                           | deceased from  |
| AGE  |                   | 190, to                                |  |  |
| 1  |                   | alive on                               |  | ,1902  |
| SINGLE, MARRIED,   | and that de       | eath occurred, on the da               | te stated above                        | , at 4 G. M.   |
| WIDOWED, OR DIVORCED   | The CAUS          | FOF DEATH was as to                    | lews:                                  | 11   |
| AGE AT MARRIAGE,   | and               | mown la                                | wrat a                                 | eath   |
| NUMBER OF CHILD-<br>REN   If married, age at (first) marriageyears     | -/                | Santana (mar) (a)                      | os burnios ti T                        | ATTENDED TO THE STATE OF                                     |
| Parent of  | Mr                | enclosing                              | · Call                                 | 202  |
| (State or country)   |                   | y War new                              | (0000                                  |  |
| NAME OF DOWN GUL   |                   |  | (DURATION)                             | DAYS   |
| FATHER TO TO   | Contributor       | у                                      |  |  |
| BIRTHPLACE SIMULATION SIMULEY  |                   | 19/1/7                                 | (DURATION)                             | DAYS   |
| OF FATHER (State or country)   | (Signed)          | Sell Jan                               | men                                    | M. D.  |
| MÁIDEN NAME  | 190               | O(Address)                             | In the                                 | 10   |
| OF MOTHER  |                   |  |  |  |
| BIRTHPLACE X X X X X X X X X X X X X X X X X X X                       | Former or         | FION only for Hospitals, Institutions, | Transients or Recent Re<br>How long at | sidents :  |
| OF MOTHER (State or country)   | usual residence   |  | place of death?                        | Days   |
| OCCUPATION 7   | Where was disease | contracted, death?                     |  | Carrier a service  |
| +65:   |                   | NAL OR REMOVAL                         | DATE OF BURIA                          | Phys. 17 (1992) 213  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                  | Affle             | an Tentre                              | ling                                   | 6 190/ 2   |
| BEST OF MY KNOWLEDGE AND BELIEF  | UNDERTAKER        | 18/7 4                                 | ADDRESS                                | 11   |
| (Informant) Olyman Amalley   | 10.0              | Moster                                 | Johns                                  | Lake   |
| (Address Mholog  | Filed             | A TRUE COF                             | DAN                                    | 2 24   |
| (Address)  | Jug!              | 1902 09                                | mos,                                   | 1000   |
| 1  |                   |  |  | Registrar  |

| PLACE OF DEATH ST  | ATE OF MICHIGAN  |
|--|--|
| County of Washignan Department of State—Division of Vital Statistics   |  |
| Township of Sylvan TRANSCRIPT OF   | F CERTIFICATE OF DEATH—LOCAL REGISTER  |
| or   | Registered No  |
| Village of   | [If death occurred in a Hospital or Institu-   |
| City of (No.   | St.; Ward) tion, give its NAME instead of street and   |
| 130  | number. If away from usual residence, give   |
| FULL NAME & WW J &C  | "Special Information" below."  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| COLOR DILL   | DATE OF Month (Day) (Year)   |
| male Mule  | Sept. 2 1962   |
| DATE OF (Month) (Day) (Year)   | I HEREBY CERTIFY, That I attended deceased from  |
| 19ct 19 1834   | 190 , to , 190 , 1 |
| AGE RO Sylla AGE AND SYLLA AGE AND SYLLA AGE AGE AGE AGE AGE AGE AGE AGE AGE AG  | that I saw halive on,190,  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at  |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |
| Murrey   | That said Navel Black  |
| AGE AT MARRIAGE. NUMBER OF CHILD- If married, age at (first) marriageyears   | prime to his death by  |
| REN Parent of  | Control Control  |
| BIRTHPLACE 7/1   | hanging mino   |
| (State or country) Muca 71. 4.   | JENTON / DURATION) DAYS  |
| NAME OF PATHER   | Contributory   |
| Lasa Bach  | (DURATION) COOPER PAYS   |
| OF FATHER  | (Signed)   |
| (State or country) Homany A  | 1962 (Address) helsea Much   |
| MAIDEN NAME OF MOTHER A  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :   |
| I whompa levi  | Former or How long at  |
| OF MOTHER  | usual residenceplace of death?Days   |
|  | Where was disease contracted, if not at place of death?  |
| OCCUPATION TO A CONTROL OF THE CONTR | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| Jamer  | lah from Tem Def. 4 1902   |
| THE ABOVE STATED RERSONAL PARTICULARS ARE TRUE TO THE  | UNDERTWERT & ADDRESS 100   |
| Sex T. Stathern  | y staffen you werden   |
| (Informant) The Laboratory   | Filed 13 -12 Tour of Bacon   |
| (Address)  | Registrar  |

| PLACE OF DEATH _ ST                                      | TATE OF MICHIGAN  |
|--|---|
| County of Wash Jenan Depart                              | ment of State—Division of Vital Statistics  |
| Township of Sylvan TRANSCRIPT                            | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |
| or<br>Village of   | Registered No. [If death occurred in  |
| or City of No.   | st.; ward) a Hospital or Institu-<br>tion, give its NAME<br>instead of street and     |
| W. I. A  | // // If away from  |
| FULL NAME Jaround Ja                                     | usual residence, give "Special Information" below.]                                   |
| PERSONAL AND STATISTICAL PARTICULARS                     | MEDICAL CERTIFICATE OF DEATH  |
| SEX COLOR  | DATE OF DEATH (Day) (Year)  |
| Jemule Wmt   | 190   |
| DATE OF Month (Day) (Year)                               | HEREBY CERTIFY, That I attended deceased from   |
|  | 1902, to 100, 2/ 1902   |
| AGE 1/ MONTHS, /9 DAYS                                   | that I saw h  alive on  and that death occurred, on the date stated above, at M.      |
| SINGLE MARRIED.  | The CAUSE OF DEATH was as follows:  |
| WIDOWED, OR DIVORCED                                     |   |
| AGE AT MARRIAGE, NUMBER OF CHILD- NUMBER OF CHILD- years | Malvular direct of heart  |
| Parent of  | Corto Sterosis  |
| BIRTHPLACE (State or country)                            | 2 byear (DUBATION) DAYS   |
| Jermany  | Contributory beden of lings   |
| NAME OF FATHER TANAMAN                                   | O O (DURATION) DAYS   |
| BIRTHPLACE   | (Signed) M.D.   |
| (State or country) (MANOWN                               | Movid 21962 (Address) Nelsea  |
| MAIDEN NAME OF MOTHER                                    | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |
| _ Unbuown  | Former or How long at usual residence Days  |
| BIRTHPLACE OF MOTHER (State or country)                  | Where was disease contracted,   |
| OCCUPATION   | if not at place of death?   |
| Western Line Washing to your                             | Symun M. E. Jem. 1/05.24 190/2  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE    | UNDERTAKER Wales Adoptes  |
| Min Kipa Salmbach  | Filed - 21 Africa Cory Da Back Pa   |
| (Informant) Phelsea                                      | 7/15/26 1982 Van 91 2000  |
| (Address)  | Registrar   |

STATE OF MICHIGAN PLACE OF DEATH Department of State-Division of Vital Statistics County of DEATH-LOCAL REGISTER Township of ... Registered No Village of [If death occurred in a Hospital or Instituor tion, give its NAME instead of street and number. If away from Ward) (No. City of RECORD. usual residence, give "Special Informa-tion" below.] FULL NAME MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARPICULARS PERMANENT (Year) (Day) DATE OF COLOR DEATH (Day) (Year) DATE OF attended deceased from BIRTH That I 33 V AGE 13 and that death occurred, on the date stated above, at UNFADING INK-THIS DAYS SINGLE, MARRIED The CAUSE OF DEATH was as follows: WIDOWED, OR DIVORCED resons (memi AGE AT MARRIAGE, If married, age at (first) marriage. NUMBER OF CHILD-REN BIRTHPLACE (State or country) (DURATION) ..... Contributory PLAINLY WITH NAME OF FATHER BIRTHPLACE (Signed OF FATHER (State or cour 1962 (Address) MAIDEN NAME SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: OF MOTHER How long at WRITE Former of usual residence BIRTHPLACE OF MOTHER (State or countr Where was disease contracted, if not at place of death? OCCUPATIO OF BURIAL OR REMOVAL THE ABOVE STATED PERSONAL PARTICULARS ADDRESS BEST OF MY KNOWLEDGE AND BELIE (Informant (Address) Registrar

BINDING.

FOR

MARGIN RESERVED

| PLACE OF DEATH   | TATE OF MICHIGAN  |
|--|---|
| County of Washleman Depart   | ment of State—Division of Vital Statistics  |
| Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |
| or<br>Village of   | Registered No   |
| or /   | St.: Ward) a Hospital or Institu-   |
| City of  | instead of street and number. If away from usual residence, give "Special Informa-    |
| FULL NAME Jan LUIT   | S Lavidson "Special Information" below.]  |
| REASONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| SEX Male COLOR White   | DATE OF CMonth (Day) (Year)   |
| DATE OF (Month) (Day) (Year)   | I HEREBY CERTIFY, That I attended deceased from                                       |
| BIRTH / Dec. 13 1898   | Man. 1 1963, to Fest. 21 1963   |
| AGE / 2  | that I saw h in alive on Ctof. 2/ 1903,   |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at // M.                           |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:  |
| AGE AT MARRIAGE, (14 point one of (4) the marriage VERTS                     | Tym no service to   |
| NUMBER OF CHILD- REN    If darried, age at (*frét) marriageyears   Parent of | pmay musions  |
| BIRTHPLACE Q 11 9 0  |   |
| (State or country) Mouchigan   | (DURATION) DAYS   |
| NAME OF STATHER  | Contributory  |
| - Mm Daverson  | 91 9. 13ush MD  |
| OF FATHER (State or country) Mouchigan                                       | (Signed) Phelsea  |
| MAIDEN NAME OF MOTHER  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |
| - mang si namanny  | Former or How long at usual residence Days  |
| OF MOTHER (State or country)   | Where was disease contracted, if not at place of death?                               |
| OCCUPATION / Faxage in Boy   | PLACE OF BURIAL OR REMOVAL  LET MOUNT TEMPORAL  1993                                  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE YOUR TO THE                        | (UNDERTAKER) ADDRESS  |
| BEST OF MY KNOWLEDGE AND BELIEF  | 1) ( Mahus Thersea  |
| (Informant)  | Filed on 17 to A True poor of a grand   |
| (Address)  | Registrar   |

PLACE OF DEATH

| PLACE OF DEATH STATE OF MICHIGAN   |   |  |
|--|---|--|
| County of Vashtenau Depart   | tment of State—Division of Vital Statistics   |  |
| Township of Aughan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |  |
| or   | Registered No.  |  |
| Village of or  | [If death occurred in   |  |
|  | St.; Ward) a lostitude five its NAME instead of street and                            |  |
|  | number. If away from  |  |
| FULL NAME Sennett  | Jeddes usual residence, give "Special Information" below.]                            |  |
| PERSONAL AND STATISTICAL PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH  |  |
|  | DATE OF (Month) (Day) (Year)  |  |
| Sternale Thite   | May 17 196.03   |  |
| DATE OF (Month) (Day) (Year)   | The second from   |  |
| tel. 22 835  | HEREBY CERTIFY, That I attended deceased from   |  |
| AGE  | 3- 4  |  |
| 78 2 25  | that I saw her alive on May 14, 1962,   |  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at                                 |  |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED                                   | The CAUSE OF DEATH was as follows:  |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears | · Noute Enterities  |  |
| BEN  | your manues   |  |
| Parent of  |   |  |
| State or country)  (State or country)                                      | (duration) DAYS   |  |
| NAME OF O  | Contributory  |  |
| FATHER Millian Dispar  | DAYS (DUBATION)   |  |
| BIRTHPLACE   | (Signed) J. Jush M.D.   |  |
| OF FATHER (State or country)   |   |  |
| MAIDEN NAME  | May 1903 (Address) Chelsea  |  |
| OF MOTHER  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |  |
| Hennell Gurn/ Will   | Former or How long at usual residence place of death?Days                             |  |
| BIRTHPLACE<br>OF MOTHER<br>(State or country)                              |   |  |
| Desirana   | Where was disease contracted, if not at place of death?                               |  |
| OCCUPATION   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL   |  |
| Nonsewife  | Oak Trose May 19 19627  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                      | UNDERTAKER Maper Chelsea  |  |
| (Informant) John Seddes  | Filed A TRUE COPY   |  |
| (Address) Chelsea  | may VV 1903 . V. C. 1 doys  |  |
|  | Registrar   |  |

AND THE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

Form 93-2-08-500 bks., 100 pages.

|  | County of Jacktenaux Department of State—Division of Vital Statistics  |   |  |
|--|--|---|--|
|  | Township of Sylvand TRANSCRIPT OF CERTIFICATE OF DEATH_LOCAL REGISTER  |   |  |
|  | Or<br>Village of   | Registered No.  St.; Ward)  St.; 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.]  St.; St.; Ward)  |  |
|  | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |  |
|  | DATE OF BIRTH  DATE OF BIRTH  MONTHS, DAYS  SINGLE, MARRIED, WIDOWED, OR DIVORCED  AGE AT MARRIAGE, NUMBER OF CHILD-REN  Parent of   | DATE OF DEATH  (Month)  (Day)  (Year)  196 3  196 3  (HEREBY CERTIFY, That I) attended deceased from 196 3, to 196 3, and that death occurred, on the date stated above, at 2 2 M.  The CAUSE OF DEATH was as follows:  |  |
| BIRTHPLACE (State or country) Michigan |  | (DURATION) DAYS   |  |
|  | BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (State or country)  Cocupation  THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at usual residence place of death?  Where was disease contracted, if not at place of death?  PLACE OF BURIAL OR REMOVAL  UNDERTAKER  DATE OF BURIAL  LANGE OF BURIAL OR REMOVAL  UNDERTAKER  ADDRESS |  |
|  | (Informant) Chelsea Mich   | Filed ATRUE COPY Same 24 1963 Marrew Pagistrar  |  |

| PLACE OF DEATH  | TATE OF MICHIGAN   |
|---|--|
| 7/, 0   | ment of State—Division of Vital Statistics   |
| County of Mashlemann Departs                              | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Township of Olyluan TRANSCRIPT                            | Registered No  |
| Village of  | [If death occurred in  |
| or (No  | St.; Ward) a Hospital or Institu-<br>tion, give its NAME<br>instead of street and            |
| City of   |  |
| Morthal X do  | number. Hawy usual residence, give "Special Information" below.]                             |
| FULL NAME   | MEDICAL CERTIFICATE OF DEATH   |
| PERSONAL AND STATISTICAL PARTICULARS                      | DATE OF (Month) (Day) (Year)   |
| Temale Color White  | Jame 78 196.3  |
| DATE OF (Month) (Day) (Year)  March 3 1863                | HEREBY CERTIFY, That I attended deceased from  |
| 10 90   | 150 , 38 2063  |
| AGE 62 3 25   | and that death occurred, on the date stated above, at /0 \$ M.                               |
| 90 YEARS, MONTHS, DAYS                                    | and that death occurred, on the date stated description                                      |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED Married             | The CAUSE OF DEATH was as follows:   |
| AGE AT MARRIAGE, If married, age at (first) marriageyears | cause unknown  |
| NUMBER OF CHILD- REN Parent of                            | polit na appropriate and the first of  |
| BIRTHPLACE  |  |
| (State or country) Canada                                 | (DURATION)DAYS   |
| NAME OF THE           | Contributory   |
| Thomas Mc Creery  | 8 J. Bush M.D.   |
| BIRTHPLACE<br>OF FATHER                                   | (Signed)   |
| (State or country) Canada                                 | 729 1900 (Address) helsea  |
| MAIDEN NAME<br>OF MOTHER                                  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:        |
| Isabelle Nilson   | Former or How long at place of death?  |
| BIRTHPLACE<br>OF MOTHER                                   | usual residence  |
| (State or country) Cetland                                | Where was disease contracted, if not at place of death?                                      |
| occupation (foresewife)                                   | PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  1903 |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE     | UNDERTAKER ADDRESS   |
| BEST OF MY KNOWLEDGE AND BELLET                           | S. a. Mapes Chelsea. / Me  |
| (Informant) Velson & Jones                                | Filed ATRUE COPY O. Boyd   |
| (Address) helses  | Registrar  |

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| PLACE OF DEATH ST                                     | TATE OF MICHIGAN  |
|---|---|
| Donoth Donoth   | ment of State—Division of Vital Statistics  |
| County of January TRANSCRIPT                          | OF CERTIFICATE OF DEATH-LOCAL REGISTER  |
| Township of or  | Registered No   |
| Village of  | St.; Ward)  [If death occurred in a Hospital or Institution, give its NAME]           |
| City of   | instead of street and   |
| of the  | Special Information" below.]  |
| FULL NAME   |   |
| PERSONAL AND STATISTICAL PARTICULARS                  | (Day) (Year)  |
| Sex Jemale Shite                                      | DATE OF DEATH  Nov. 8 8 1963  |
| DATE OF (Month) (Day) (Year)  BIRTH Dec. 25 1838      | WHEREBY CERTIFY, That I attended deceased from  |
|   | that I saw h W alive on S ,19623,   |
| 74 10 MONTHS 13 DAYS                                  | and that death occurred, on the date stated above, at 10 am.                          |
| YEARSYEARS.   | The CAUSE OF DEATH was as follows:  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED                 | The CAUSE Of 2222   |
| AGE AT MARRIAGE,                                      | A seemding colon  |
| NUMBER OF CHILD- If married, age at (lirst) marriege  | Jancer a  |
|   | (DURATION)  |
| (State or country)                                    | (BURATION)  |
| NAME OF 77  | Contributory  |
| FATHER John Jace                                      | XIVION)   |
| BIRTHPLACE  | (Signed) Sea O. latmer M.D.   |
| OF FATHER (State or country) Congland                 | 1/0 9190 3 (Address) Chelsea, Mien  |
| MAIDEN NAME OF MOTHER 24                              | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |
| Jane Matthews   | Former or How long at place of death?   |
| BIRTHPLACE OF MOTHER (State or country) Congland      | Where was disease contracted, if not at place of death?                               |
| OCCUPATION /  | PLACE OF BURIAL OR REMOVAL  Applicants  DATE OF BURIAL  1902                          |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE | UNDERTAKER 1 20 ADDRESS   |
| BEST OF MY KNOWLEDGE AND BELIEF                       | S.a. / hapes chelsed  |
| (Informant)   | Filed A 11 - 13 A TRUE GOFF O STORE   |
| (Address) Chelsea                                     | 100 2 Registrar   |

STATE OF MICHIGAN Department of State-Division of Vital Statistics Township of CERTIFICATE OF DEATH-LOCAL REGISTER Registered No... Village of [If death occurred in or a Hospital or Institu-tion, give its NAME instead of street and City of Ward) RECORD. number. If away from usual residence, give "Special Information" below.] PERMANENT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Year) (Day) SEX DATE OF DEATH (Year) (Day) DATE OF BIRTH I HEREBY CERTIFY. That I attended deceased from 1900 to 0 V AGE 2 that I saw h Lalive on UNFADING INK-THIS and that death occurred, on the date stated above, at...... SINGLE MARRIED The CAUSE OF DEATH was as follows: WIDOWED, OR DIVORCED AGE AT MARRIAGE. If married, age at (first) marriage.... NUMBER OF CHILD-REN Parent of \_\_\_\_\_children, of whom \_\_\_\_\_are living BIRTHPLACE (State or country) .. (DURATION) .... WITH NAME OF Contributory FATHER PLAINLY OF FATHER (State or country) Signed (Address) MAIDEN NAME OF MOTHER SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: WRITE How long at BIRTHPLACE usual residence OF MOTHER (State or country) Where was disease contracted, if not at place of death?... OCCUPATION PLACE OF BURIAL OR REMOVAL THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) Filed Registrar

PLACE OF DEATH

BINDING.

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MARGIN

| PLACE OF DEATH S  | TATE OF MICHIGAN   |
|---|--|
| County of Masitenau Depar   | tment of State—Division of Vital Statistics  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Village of  | Registered No. 9   |
| or  | St; Ward)  [If death occurred in a Hospital or Institution give its NAME   |
| City of No.   | St.; Ward) tion, give its NAME instead of street and number. If away from  |
| FILL NAME William   | "Special Informa-  |
| FULL NAME   | tion" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS  | (Veen)   |
| Thale Shite   | DATE OF DEATH  (Month)  (Day)  (16ar)  |
| DATE OF (Month) (Day) (Year)  | I EEREBY CERTIFY, That I attended deceased from  |
| June 98 1912  | 0/00 8 1903, to c/ox 16, 1903  |
| AGE / 5 3/  | that I saw h mallive on Now 16 ,1963   |
| YEARSMONTHS,  | and that death occurred, on the date stated above, at  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears            | Olympia /  |
| Parent of   | 11 24 1 25 1 26 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |
| (State or country) Lelsea, Mich   | (DURATION) DAYS  |
| NAME OF Respect Stephum   | Contributory (DUDÍTION) DAYS   |
| BIRTHPLACE OF FATHER (State or country)   | (Signed)   |
| MAIDEN NAME OF MOTHER A   | SPECIAL MFORMATION only for Hospitals, Institutions, Transients or Recent Residents:   |
| BIRTHPLACE A  | Former or How long at usual residence Days   |
| OF MOTHER (State or country)  Mich  | Where was disease contracted,  |
| OCCUPATION  | if not at place of death?  |
|   | Oak Lrood Chelson War 19 1960  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELLET | address Son helea  |
| (Informant) Year.   | Filed ATRUE COST CONTROL OF THE PROPERTY OF TH |
| (Address) Chelses, Met  | Registrar  |

\*\* WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

Form 93-2-08-500 bks., 100 pages,

|       |   | TATE OF MICHIGAN   |
|-------|---|--|
|       | County of Jackensu Depar  | tment of State—Division of Vital Statistics  |
|       | Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
|       | Village of  | Registered No  |
|       | or  | [If death occurred in a Hospital or Institu-   |
|       | City of (No,  | St.; Ward) tion, give its NAME instead of street and number. If away from  |
| IVA   | FULL NAME Squating &  | Multon in number. If away from usual residence, give "Special Information" below.]   |
|       | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
|       | Male Thile  | DATE OF DEATH  Soul 180 (Year)  (Year)  (Year)   |
| X     | DATE OF Month) (Day) (Year)   |  |
|       | Vov. 28 1913  | I HEREBY CERTIFY, That I stended deceased from   |
|       | AGE   | that I saw h in alive on Non 79, 1963,   |
| *     | YEARS MONTHS, DAYS  | and that death occurred, on the date stated above, at  |
|       | SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |
|       | (Vingle)  | Atelectasis!   |
|       | AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears            |  |
| 2     | REN Parent of   | Control of the contro |
|       | BIRTHPLACE  |  |
|       | (State or country) Thichigan  | (DURATION) DAYS  |
| 100   | NAME OF FATHER SHAPE  | Contributory   |
| my de | BIRTHPLACE  | (DURATION) DAYS  |
|       | OF FATHER (State or country)  | (Signed) . / (Juch) M. D.  |
|       | ,,,,,,  | Sec 1903 (Address) Chelsea Mich  |
|       | OF MOTHER Clan - Canton   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :   |
|       | BIRTHPLACE  | Former or How long at usual residence  |
|       | OF MOTHER (State or country)  | Where was disease contracted,  |
|       | OCCUPATION  | if not at place of death?  |
|       | experting demandings  | PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  190/3  |
|       | THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER   |
|       | J. (PAT-11)   | I Staffan Son Chelsea  |
|       | (Informant)   | Filed ATRUE COPY (3)   |
|       | (Address) Allsia Much   | 190 Registrar  |
|       |   |  |

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| PLACE OF DEATH S  | TATE OF MICHIGAN  |
|---|---|
| County of Vashtenau Depart  | ment of State—Division of Vital Statistics  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No. //   |
| Village of or   | IIf death occurred in   |
| FULL NAME Some  | St.; Ward)  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  | MEDICAL CERTIFICATE OF DEATH  |
| SEX Male COLOR Hite   | DATE OF DEATH  (Month)  (Day)  (Year)  196 3  |
| DATE OF Month) (Day) (Year)  Noc. 18 1850   | I HEREBY CERTIFY, That I attended deceased from   |
| AGE 63 YEARS, / MONTHS, 7 DAYS  | that I saw h alive on See 34 ,190 , and that death occurred, on the date stated above, at YaM.  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED Married   | The CAUSE OF DEATH was as follows:  |
| AGE AT MARRIAGE, NUMBER OF CHILD-REN    State   | Vernicious Anacmia  |
| BIRTHPLACE (State or country) Michigan  | (DURATION) THE DAYS   |
| NAME OF FATHER Samuel & Ives  | Contributory (DURATION) DAYS  |
| OF FATHER (State or country) New York   | (Signed) M.D.  1 1/1190 3 (Address) Chelsea   |
| of Mother Mary Hedden   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or  How long at                                       |
| State or country) New York  | where was disease contracted, if not at place of death?   |
| OCCUPATION James  | PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  12/27  1903   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER Mapes ADDRESS Chelsea  |
| (Address) Chelsea   | Filed 13/ 1963 ATRUE CAN STATE REgistrar  |

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WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

Form 93-2-08-500 bks., 100 pages.

| STATE OF MICHIGAN  |  |  |
|--|--|--|
| County of Vashenau Department of State—Division of Vital Statistics  |  |  |
|  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
| or   | Registered No.   |  |
| Village of or  | IIf death occurred in  |  |
| City of (No  | St.; Ward) a Hospital or Institu-<br>tion, give its NAME   |  |
| 10   | instead of street and<br>number. If away from  |  |
| July Vales   | afler "Special Information" below.]  |  |
| FULL NAME  |  |  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX 7 COLOR  | DATE OF (Month) (Day) (Year)   |  |
| Male Shile   | May 6 190/4  |  |
| DATE OF (Month) (Day) (Year)   |  |  |
| BIRTH CALL OF THE CONTRACT OF TAXABLE OF TAX | I HEREBY CERTIFY, That I attended deceased from  |  |
| 1  | May 6 1904, to May 6, 1904,  |  |
| AGE LOOK OF THE LO | that I saw h alive on ,190 ,   |  |
| YEARS,DAYS   | and that death occurred, on the date stated above, at # 3 M.   |  |
| SINGLE, MARRIED,   | The CAUSE OF DEATH was as follows:   |  |
| WIDOWED, OR DIVORCED   | The CAUSE Of Bulling was as lone ws.   |  |
| AGE AT MARRIAGE,   |  |  |
| NUMBER OF CHILD-   | Millborn   |  |
| Parent of  | MANUFACTURE TO RESIDENCE TO SECOND T |  |
| BIRTHPLACE (State or country)  |  |  |
| Michigan   | (DURATION)   |  |
| NAME OF  | Contributory   |  |
| FATHER TO I NO SOLO  | DAYS )   |  |
| BIRTHPLACE   | a Andros Vildon  |  |
| OF FATHER (State or country)   | (Signed)   |  |
| (State or county) ( Michigan   | May 7 190 H(Address) helsea, Met   |  |
| MAIDEN NAME<br>OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  |  |
| Louisa Otrans  | Former or How long at  |  |
| BIRTHPLACE   | usual residence  |  |
| OF MOTHER (State or country) Muchigan  | Where was disease contracted,  |  |
| OCCUPATION   | if not at place of death?  |  |
| The second secon | PLACE OF BURIAL OR REMOVAL BARE OF BURIAL  |  |
| THE ADDRESS OF THE PROPERTY OF | Sylvan ener 190  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | UNDERTAKER ADDRESS   |  |
| and Andles   | Of Maper nelsea  |  |
| (Informant)  | Filed A TRUE-COPY  |  |
| (Address) Chelseal Much  | May 190 Registrar  |  |
|  | Registrar  |  |

| PLACE OF DEATH   | TATE OF MICHIGAN   |
|--|--|
| County of Jashlenau Depar  | rtment of State—Division of Vital Statistics   |
| Township of Ongloan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Village of   | Registered No.   |
| FULL NAME Lewis a. T.  | Mard)  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   | MEDICAL CERTIFICATE OF DEATH   |
| SEX Male color Mite  | DATE OF DEATH (Year)  (Year)  190/14   |
| DATE OF BIRTH  (Month)  (Day)  (Year)  1857  | HEREBY CERTIFY, That I attended deceased from  |
| AGE . 62 A   | that I saw h m alive on Aug 13 ,196 14   |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED  | and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:  |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN  If married, age at (first) marriageyears Parent ofchildren, of whomare living | Sancer of Stomach  |
| BIRTHPLACE (State or country)  Michigan  | (DURATION) /47 7 780   |
| NAME OF John Gea Merken  | Contributory (DURATION) DAYS   |
| BIRTHPLACE OF FATHER (State or country) Cermany  | (Signed) SeoWalner M.D.  |
| of Mother Mary Lung  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at                                   |
| BIRTHPLACE OF MOTHER (State or country)  Comany  | usual residence place of death? Days  Where was disease contracted,  if not at place of death?   |
| Jam Laborer  | mf. Oliva Cemetery Date of Burial 1964   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  (Informant) Western           | Istaffan Son Chelsea   |
| (Address) Chelsea mich   | Filed Jo 1964 Name Park  |

|  | TATE             | OF MICHIGA                              | N   |
|--|------------------|---|---|
| 0/1  |                  | te—Division of Vital Sta                |   |
| Township of Sylvan TRANSCRIPT  | OF CERTIF        | ICATE OF DEATH_LO                       | CAL REGISTER  |
| Village of   |                  |   | Registered No.  |
| or<br>City of(No   |                  | st.;                                    | a Hospital or Institu-  |
|  | 1/1              |   | tion, give its NAME<br>instead of street and<br>number. If away from<br>usual residence, give |
| FULL NAME Saclo  | Nolo             |   | "Special Informa-<br>tion" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS   |                  | MEDICAL CERTIFICA                       |   |
| SEX Male Color Phite   | DATE OF<br>DEATH | Choben                                  | (Day) (Year)  |
| DATE OF (Month) (Day) (Year)   |                  |   | }   |
| Aug 1887   |                  |   | t I attended deceased from  |
| AGE  | 11               |   | , 190<br>, 190  |
| 77 YEARS, MONTHS, DAYS   |                  |   | te stated above, at 5 6. M  |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED   | 11               | SE OF DEATH was as f                    |   |
| Lingle   |                  |   | accidentally  |
| AGE AT MARRIAGE, NUMBER OF CHILD-REN  If married, age at (first) marriage            | 01001            | 1 himself                               | while huntin  |
| Parent ofchildren, of whomare living   | on t             | Cetober 11                              | 4-1914.   |
| (State or country)   |                  |   | (DURATION)DAY   |
| NAME OF FATHER CALL LATE   | Contribut        | ory                                     | (DURATION)DAY   |
| BIRTHPLACE 1:  | (Signed)         | HD Witherell Ju                         | stice & acting Corone D   |
| OF FATHER (State or country) Staly   |                  | 90 <sup>44</sup> (Address)              | helasa, Mich  |
| MAIDEN NAME OF MOTHER Mary Tellital  | Former or        | MATION only for Hospitals, Institutions | How long at   |
| BIRTHPLACE<br>OF MOTHER  | usual residence  | a                                       | place of death?Day  |
| (State or country)   |                  | ase contracted, of death?               |   |
| OCCUPATION Merchant  |                  | BURIAL OR REMOVAL                       | PATE OF BURIAL  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BEHEF | UNDERTAKE        | Hant Son                                | Chelasa Mich  |
| (Informant) Jodaco   | Piled /          | 9 196 <sup>4</sup> FRUE                 | arest Boyd  |
| (Address)  |                  | 130                                     | Registrar   |

(Informant)

WRITE PLAINLY WITH UNFADING INK-THIS PERMANENT RECORD

MARGIN

ERVED

BINDING

# RECORD. PERMANENT BINDING FOR INK ERVED UNFADING ESI K WITH PLAINLY WRITE

## PLACE OF DEATH STATE OF MICHIGAN County of Department of State—Division of Vital Statistics Township of CERTIFICATE OF DEATH-LOCAL REGISTER Registered No .... Village of [If death occurred in a Hospital or Institu-City of Ward) tion, give its NAME instead of street and number. If away from usual residence, give "Special Informa-tion" below.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Month) (Year) (Day) SEX COLOR DATE OF DEATH (Day) (Year) (Month) DATE OF BIRTH HEREBY CERTIFY, That Lattended deceased from AGE and that death occurred, on the date stated above, at .... SINGLE, MARRIED, The CAUSE OF DEATH was as follows: WIDOWED, OR DIVORCED Carried AGE AT MARRIAGE. If married, age at (first) marriage. NUMBER OF CHILD-BIRTHPLACE (State or country) NAME OF FATHER BIRTHPLACE (Signed) OF FATHER (State or country) MAIDEN NAME OF MOTHER SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: How long at Former or BIRTHPLACE usual residence OF MOTHER (State or country) Where was disease contracted if not at place of death? OCCUPATION BURIAL ..... 190 THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) File A TRUE CO (Address Registrar

| PLACE OF DEATH  | STATE OF MICHIGAN   |
|---|---|
| County of fashtenaus Depar  | rtment of State—Division of Vital Statistics  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH-LOCAL REGISTER  |
| Village of  | Registered No.  |
| or  | [If death occurred in a Hospital or Institu-  |
| City of (No   | St; Ward) a loshtat of listing give its NAME instead of street and                    |
| Margaret  | number. If away from usual residence, give  |
| FULL NAME Transparent   | "Special Informa-<br>tion" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| SEX COLOR   | DATE OF DEATH (Month) (Day) (Year)  |
| DATE OF (Month) (Day) (Year)  | 190' 12   |
| BIRTH Oct. 16 1853  | HEREBY CERTIFY, That I attended deceased from   |
| AGE   | that I saw her alive on see 25, 1904  |
| 6/ YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at                                 |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:  |
| AGE AT MARRIAGE,  | MA A  |
| NUMBER OF CHILD- If married, age at (first) marriageyears                             | Chronic Onfestinal  |
| Parent of   | nephrites   |
| (State or country)  | (DURATION) DAYS   |
| NAME OF FATHER  | Contributory  |
| BIRTHPLACE BIRTHPLACE   | (DURATION) DAYS   |
| OF FATHER (State or country)  | (Signed) Chelsea Mich   |
| MAIDEN NAME OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |
| - hoele crest   | Former or How long at   |
| BIRTHPLACE<br>OF MOTHER<br>(State or country)   | usual residence place of death? Days  |
| OCCUPATION //   | Where was disease contracted, if not at place of death?                               |
| Nousewife   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 190 4                                       |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER ADDRESS  |
| (Informant Vasel Imalle)  | Theole Faster Trass Lake  |
| (Address) Chelsea Milh  | Filed A TRUE COM PORT   |
| - Malacant  | Registrar   |

# PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. FOR BINDING. RESERVED

PLACE OF PEATH

| County of Wanhiman Depart  | ment of State—Division of Vital Statistics  |
|--|---|
|  | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |
| Village of   | as were given in Registered No  |
|  | St; Ward) a Hospital or Institution, give its NAME  |
| City of (No. 2014)   | number. If away from  |
| FULL NAME Stillborn 7 Un   | usual residence, giv<br>"Special Information" below.]   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| Jemale White   | DATE OF CHOIL (Day) (Year)  CHUIL (Day)  194 5  |
| DATE OF (Month) (Day) (Year)   | I HEREBY CERTIFY, That I attended deceased from   |
| april 6, 1915  | 190 , to , 190  |
| AGE  | that I saw halive on,190  |
| YEARSMONTHS,DAYS   | and that death occurred, on the date stated above, at   |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:  |
| Stillrown  | Stillborn   |
| AGE AT MARRIAGE.  NUMBER OF CHILD-  If married, age at (first) marriageyears   | Machinery or Conce.   |
| Parent ofchildren, of whomare living   | Careful at Address of |
| BIRTHPLACE (State or country)  | 1 200   |
| Sylvan Jb, Washtenaw   | O. (DURATION) DAY   |
| NAME OF FATHER   | Contributory  |
| Samuel 1. Stadel   | DAY   |
| BIRTHPLACE OF FATHER   | (Signed) M. I   |
| (State or country) Waterlow Jp. Jackson Co.  | 190 (Address)   |
| MAIDEN NAME OF MOTHER TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:   |
| BIRTHPLACE   | Former or How long at usual residence   |
| OF MOTHER (State or country)   | Where was disease contracted,   |
| OCCUPATION _   | if not at place of death?   |
| Harmer   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 190   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | UNDERTAKER ADDRESS  |
| BEST OF MY KNOWLEDGE AND BELIEF  |   |
| (Informant)  | Filed A TRUE COPY   |
| (Address)  | apr 4- 1965 7 Puth Dacon  |

STATE OF MICHIGAN

| STATE OF MICHIGAN   |   |  |
|---|---|--|
| County of Washlenaus Department of State—Division of Vital Statistics                 |   |  |
| Township of LYM COVU TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |  |
| Village of  | Registered No.  |  |
|   | St.; Ward)  [If death occurred is a Hospital or Institution, give its NAMI instead of street an |  |
| moral same to Assistant O   | number. If away from  |  |
| FULL NAME COLO DER  | usual residence, giv<br>"Special Information" below.]   |  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |  |
| SEX COLOR   | DATE OF (Month) (Day) (Year)  |  |
| demale while  | Cug T 1965  |  |
| DATE OF (Month) (Day) (Year)  | I HEREBY CERTIFY That I should be   |  |
| June   22   1884  | I HEREBY CERTIFY, That I attended deceased from   |  |
| AGE   | that Isaw halv alive on Cuag 7 ,1965  |  |
| YEARS, MONTHS, DAYS   | and that death occurred, on the date stated above, at 11:30 P.M.                                |  |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:  |  |
| Married   | Gearl Disease   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD-REN [If married, age at (first) marriageyears        | Mary  |  |
| Parent of   | arbit out. (12 posts to pushed  |  |
| State or country)   | A COASINING   |  |
| . IIIch.  | (DURATION) DAY  |  |
| NAME OF FATHER  | Contributory  |  |
| BIRTHPLACE DISTRIBUTION   | (DURATION) DAY  |  |
| OF FATHER (State or country)  | (Signed) JEO W TO M. D  |  |
| MAIDEN NAME   | Wy. S-1905 (Address) Chella   |  |
| OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:           |  |
| BIRTHPLACE  | Former or How long at usual residence place of death? Day                                       |  |
| (State or country)  | Where was disease contracted,   |  |
| OCCUPATION  | if not at place of death?   |  |
| Aousewile   | PLACE OF BURIAL OR REMOVAL  Catherine Committee Challes Catherine 1945                          |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER ADDRESS  |  |
| Pal- Hickory  | 980. P. Stallan Chelsea Mich.   |  |
| (Informant)   | Filed A TRUE COPY   |  |
| (Address) Charles III Ch.   | Sept. 4 - 1905 - Faul 9 Dawy  |  |
|   | N. D. Mogistial   |  |

WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

| PLACE OF DEATH STATE OF MICHIGAN   |  |
|--|--|
| County of Washinaut Departs  | ment of State—Division of Vital Statistics   |
| Township of LUNCON TRANSCRIPT  | OF CERTIFICATE OF DEATH-LOCAL REGISTER   |
| or<br>Village of   | Registered No  |
| or (No   | St.; Ward) a Hospital or Institu-<br>tion, give its NAME<br>instead of street and  |
| City of  |  |
| met draw   | usual residence, give "Special Information" below.]  |
| FULL NAME  | MEDICAL CERTIFICATE OF DEATH   |
| PERSONAL AND STATISTICAL PARTICULARS                                       | DATE OF (Month) (Day) (Year)   |
| Jes In This  | DEATH () LC 2 196.5  |
| DATE OF (Month) (Day) (Year)   | The state of the s |
| BIRTH CLUG 26,860  | I HEREBY CERTIFY, That I attended deceased from  |
| AGE  | 1965, to 0000, 1965,   |
| YEARSMONTHS,DAYS   | and that death occurred, on the date stated above, at TP. M.   |
| SINGLE MARRIED.  | The CAUSE OF DEATH was as follows:   |
| WIDOWED, OR DIVORCED MOUTULA   | motostatic Carcinoma of  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears | the liver  |
| NUMBER OF CHILD- If married, age at (IIISI) marriage                       |  |
| BIRTHPLACE 1   | (DURATION)DAYS   |
| (State or country)   |  |
| NAME OF STATHER  | Contributory (DURATION) DAYS   |
| Jenry D. Tranklin  | Goolly Palmer M.D.   |
| BIRTHPLACE OF FATHER (State or country)                                    | (Signed)   |
| 1 m more   | Maries 5 (Address) Chillian  |
| MAIDEN NAME OF MOTHER  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :  How long at  |
| BIRTHPLACE   | Former or usual residence  |
| OF MOTHER (State or country)   | Where was disease contracted, if not at place of death?  |
| OCCUPATION M   | PLACE OF BURIAL OR REMOVAL O DATE OF BURIAL  |
| J'armer  | Cometery mich.   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                      | UNDERTAKER Challes Challes Challes   |
| Geo P Stadiou  | Filed TRUE COPY  |
| (Informant) Chalasa Wich-  | Soht 4- 1965 Paul O Jacon  |
| (Address)  | Registrar  |

|   | TATE OF MICHIGAN   | O HOADY  |
|---|--|--|
|   | ment of State—Division of Vital Statistics   | County of the Land   |
| Township of SUNTON TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REG  | STER 2   |
| Village of  |  | [If death occurred in a Hospital or Institu-   |
| City of (No.  |  | tion, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.] |
| FULL NAME   | MEDICAL CERTIFICATE OF D   |  |
| PERSONAL AND STATISTICAL PARTICULARS  | DATE OF (Month) (Day   | (37)   |
| male white  | Sept. 16   | 1945   |
| DATE OF (Month) (Day) (Year) Solt 16 1915   | I HEREBY CERTIFY, That I attended to the second sec | ded deceased from  |
| AGE   | that I saw h Man alive on SEht   | L ,19d 5   |
| YEARS, MONTHS, HOLL DAYS  | and that death occurred, on the date stated  | above, at 5.7. M   |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   | <u></u>  |
| AGE AT MARRIAGE.  NUMBER OF CHILD-  If married, age at (first) marriageyears          | Cause linknow  | u  |
| REN Parent of   | and the control of th | Ų A  |
| (State or country) Sylvan Tup. Mich   | (DUR   | ATION) DAY   |
| NAME OF FATHER David Grimes   | Contributory   | ATION)   |
| BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)         | (Signed) JLD. W. POUYVON<br>Sept. 171905 (Address) Chelsea   | mich -   |
| MAIDEN NAME of MOTHER J. M. C. S. J. C.   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients o   | long at  |
| BIRTHPLACE OF MOTHER (State or country)  Jevni Twp.                                   | where was disease contracted, if not at place of death?  | of death?  |
| OCCUPATION  | PLACE OF BURIAL OR REMOVAL DATE  | DF BURIAL 190  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER   |  |
| (Informant) gev W Palmer  | Filed ATRUE-COPY   | O. Bacon   |
| (Address) Chilled Yvuch   | DEM 12003  | Registrar  |

Form 93-2-08-500 bks., 100 pages.

|   | TATE OF MICHIGAN   |
|---|--|
| County of Washinaut Depar                                 | tment of State—Division of Vital Statistics  |
| Township of Sylvany TRANSCRIPT                            | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| Village of  | Registered No[If death occurred in   |
| Or City of (No  | a Hospital or Institu-   |
| Corel years 31 Amelica a A A                              | number, if away from   |
| FULL NAME JOHN DIMBON                                     | (3) Tremoon "Special Information" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS                      | MEDICAL CERTIFICATE OF DEATH   |
| SEX   | DATE OF (Month) (Day) (Year)   |
| male while  | December 4 1965  |
| DATE OF (Month) (Day) (Year)                              | I HEREBY CERTIFY, That I attended deceased from  |
| 1   |  |
| AGE   | that I saw halive on,190,  |
| YEARS, MONTHS, DAYS                                       | and that death occurred, on the date stated above, at. 5   |
| SINGLE, MARRIED.  | The CAUSE OF DEATH was as follows:   |
| D 614 10166   |  |
| NUMBER OF CHILD- If married, age at (Tirst) marriageyears | apaplety   |
| Parent of   |  |
| BIRTHPLACE (State or country) Don't Know                  | (DURATION) DAYS  |
| NAME OF FATHER  | Contributory   |
| Don' Thou 3   | (Suration) DAYS  |
| State or country)   | (Signed) The Cating Croner   |
| MAIDEN NAME OF MOTHER                                     | Dec. 7, 1965 (Address) Chelsea, mach   |
| OF MOTHER DIST 1835                                       | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :   |
| BIRTHPLACE  | Former or now long at usual residence  |
| (State or country) World Krustur 335                      | Where was disease contracted, if not at place of death?  |
| OCCUPATION  | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| Day Laborer on Jarm                                       | Brdy held for identification 190   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE     | UNDERTAKER ADDRESS   |
| (Informant) Pelar distreck                                | Flied ATRUE COPY   |
| (Address) Chelsea, Mich.                                  | Com 3 1965 Paul O Bacon  |
| (Address)   | Registrar  |
| Dac   | and the period of a contract of the contract o |

| PLACE OF DEATH STATE OF MICHIGAN   |  |
|--|--|
| County of Washleman Depart   | rtment of State—Division of Vital Statistics   |
| Township of Sully TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or   | Dockston d No.   |
| Village ofor   | Registered No  |
| City of(No   | St.; Ward) a Hospital or Institu-  |
| 0 - 11 0.  | instead of street and number. If away from   |
| FULL NAME CLOTCE A OILOTA  | a number. If away from usual residence, give "Special Information" below.]   |
| PERSONAL AND STATISTICAL PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH   |
| SEX COLOR  | DATE OF (Month) (Day) (Year)   |
| Male While   | January 27 19dle   |
| DATE OF (Month) (Day) (Year)   | 19d. U. 19d. U |
| October 31,915   | I HEREBY CERTIFY, That I attended deceased from  |
| AGE  | no physicians, in attendance.  |
| YEARS & MONTHS, & LO DAYS  | that I saw h alive on ,190 ,   |
|  | and that death occurred, on the date stated above, atM.  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED                                      | The CAUSE OF DEATH was as follows:   |
|  | Probably hypertrophy themes  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears | gland 4  |
| REN Parent of  | - Walte  |
| BIRTHPLACE (State or country)  |  |
| Michigan   | (DURATION)   |
| NAME OF FATHER   | Contributory   |
| 4eo. Durgean   | DAYS   |
| BIRTHPLACE   | (Signed) S. Q. Bush M.D.   |
| OF FATHER (State or country) Michiaan                                      | loss 20 11. Acold Ollican Sulvern Tu   |
| MAIDEN NAME  | Curt. chi900 (Address)) tutto.   |
| OF MOTHER OMILIA Q Q Q Q   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  |
| BIRTHPLACE   | Former or How long at usual residence Days   |
| (State or country) Michigan  | Where was disease contracted,  |
| OCCUPATION   | if not at place of death?  |
| TABLE OF TAME - LAVISION NO TOTAL IN                                       | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                      | UNDERTAKER ADDRESS   |
| BEST OF MY KNOWLEDGE AND BELIEF  | UNDERTAKER ADDRESS   |
| (Informant) 100. ULO. DULOUDO  | Filed AZRUE CORY   |
| (Address) Chelbea Milh.  | Jan 29 1966 Paul O Jacon   |
| - Carrigan   | Registrar  |
|  | The state of the s |

| PLACE OF DEATH STATE OF MICHIGAN  |   |  |
|---|---|--|
| County of Washier auf Department of State—Division of Vital Statistics            |   |  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |  |
| Village of  | Registered No[If death occurred in a Hospital or Institu-   |  |
| City of(No  | St.; Ward) tion, give its NAME  |  |
| 811 10  | number. If away from usual residence, give "Special Information" below.]                            |  |
| FULL NAME Ella Danis  |   |  |
| PERSONAL AND STATISTICAL PARTICULARS  | DATE OF (Month) (Day) (Year)  |  |
| SEX COLOR   | DEATH TOLYWAY 19 196 La   |  |
| DATE OF (Month) (Day) (Year)  |   |  |
| Docember 18 1864  | I HEREBY CERTIFY, That I attended deceased from   |  |
| AGE   | that I saw how alive on delt 14 th, 1966  |  |
| 45 YEARS & MONTHS, DAYS   | and that death occurred, on the date stated above, at 3   |  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:  |  |
| Maried  | Milial moufficiency   |  |
| AGE AT MARRIAGE.  NUMBER OF CHILD-  REN  If married, age at (first) marriageyears | with my ocarditis   |  |
| Parent of   |   |  |
| (State or country)  | (DURATION) DAYS   |  |
| NAME OF   | Contributory  |  |
| FATHER UNROLUTUR  | (DURATION) DAYS   |  |
| BIRTHPLACE<br>OF FATHER   | (Signed) Dr. J. W 0505 M.D.   |  |
| (State or country)  MAIDEN NAME   | Jeb 1/1966 (Address) Chelaia  |  |
| OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :  How long at |  |
| BIRTHPLACE<br>OF MOTHER   | usual residence place of death?   |  |
| (State or country) Unknown  | Where was disease contracted, if not at place of death?   |  |
| OCCUPATION  | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL   |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                             | UNDERTAKER ADDRESS  |  |
| BEST OF MY KNOWLEDGE AND BELIEF   | s.a. makes Chelsea  |  |
| (Informant) Du Warring  | Filed ATRUE COPY O ROCCO  |  |
| (Address) Sylvan Jup,   | February 1966 Paul Paul Registrar   |  |

| PLACE OF DEATH STATE OF MICHIGAN   |  |  |
|--|--|--|
| County of Washin aw Depar  | tment of State—Division of Vital Statistics  |  |
| Township of JULIAM TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
| Village of   | Registered No.   |  |
| City of (No  | St.; Ward)  [If death occurred in a Hospital or Institution, give its NAME                         |  |
| Botto foreign in Chicago II  | instead of street and  |  |
| FULL NAME Mary Elipabeth of  | usual residence, give "Special Informa- tion" below.]  |  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX COLOR  | DATE OF (Month) (Day) (Year)   |  |
| temale while   | 7 Us. 23 1966  |  |
| DATE OF (Month) (Day) (Year)   | I HEREBY CERTIFY, That I attended deceased from  |  |
| <u>2891.   19   1846</u>   | 1 1965, to 7 85, 23, 1966  |  |
| AGE 10   | that I saw halive on,190   |  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at  |  |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   |  |
|  | Concer of the Vicera   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD-REN.   If married, age at (first) marriageyears   | Just below Stomach   |  |
| Parent of  | good no. 2. 2. mobile for destands   |  |
| (State or country)  New York   | (DURATION) DAYS  |  |
| NAME OF FATHER   | Contributory   |  |
| Works Good year  | (DURATION) DAYS  |  |
| BIRTHPLACE<br>OF FATHER<br>(State or country)  | (Signed) 410. W. M.D   |  |
| Conmitment   | Feb. 241966 (Address) Chelsea, Much-   |  |
| of Mother Mary Branch  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  How long at |  |
| BIRTHPLACE<br>OF MOTHER  | usual residence place of death? Day  |  |
| (State or country) Connecticut   | Where was disease contracted, if not at place of death?  |  |
| OCCUPATION   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | Oak Grove Test. 25 1960  |  |
| BEST OF MY KNOWLEDGE AND BELIEF  | S G C C C C C C C C C C C C C C C C C C  |  |
| (Informant) Jho. Leach   | Filed A IRUE COPY  |  |
| (Address) Chelsea, Mich-   | mary 1 1966 Paul O. Bacon  |  |
| Toping and the second s | Registrar  |  |

| County of Washing and Department of State—Division of Vital Statistics                |   |
|---|---|
| Township of SULVON TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |
| Village of  | Registered No.  |
| Or City of  | [If death occurred in   |
| 20 70   | Instead of street and   |
| FULL NAME DOLY GLOYD  | usual residence, give "Special Informa- tion" below.]   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| male color  | DATE OF (Month) (Day) (Year)  |
| DATE OF (Month) (Day) (Year)  | 1900  |
| march 8, 916  | I HEREBY CERTIFY, That I attended deceased from   |
| AGE SIII Barr   | that I saw h LMM alive on March 8, 1966,  |
| YEARS, MONTHS, DAYS   | and that death occurred, on the date stated above, at   |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:  |
| AGE AT MARRIAGE,  | asphystia caused by   |
| NUMBER OF CHILD- If married, age at (first) marriageyears                             | erusaery and mito thesery tous  |
| Parent of   | In cord   |
| (State or country) Michigan   | (DURATION) DAYS   |
| NAME OF FATHER (  | Contributory  |
| BIRTHPLACE GILLING  | CARL LA POLOGO A TO   |
| OF FATHER (State or country)  | (Signed) VIII. W. Chalasa Too is  |
| MAIDEN NAME<br>OF MOTHER  | Man Dieb (Address) Chelsea, Mich.   |
| allie gulhrie   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :  Former or How long at |
| BIRTHPLACE<br>OF MOTHER<br>(State or country)   | usual residence place of death? Days  |
| OCCUPATION OCCUPATION   | Where was disease contracted, if not at place of death?   |
| of land to the second of the second of the second                                     | Sulfam Com Choloso Po To OT 1966  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER  |
| (Informant) G. P. S. Lallan   | Geo. P. Dtaffan Chelsea mich  |
| (Address) Chelsea Mr ich.   | Chril 4 red 2 Paul O. Bacon   |
|   | R.B. Registrar  |

| PLACE OF DEATH STATE OF MICHIGAN   |  |  |
|--|--|--|
| County of Washing Department of State—Division of Vital Statistics   |  |  |
| Township of Sylvom TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
| village of   | Registered No  |  |
| or   | [If death occurred in a Hospital or Institu-   |  |
| to the control of the | instead of street and<br>number. If away from  |  |
| FULL NAME Thomas M:  | usual residence, give "Special Information" below.]  |  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |  |
| male Color While   | DATE OF DEATH  (Month)  (Day)  (Year)  |  |
| DATE OF (Month) (Day) (Year)   | CONTROL (MAIL CONTROL OF THE ART AND   |  |
| Sept. 31,845   | I HEREBY CERTIFY, That I attended deceased from  |  |
| AGE  | that I saw h malive on MOL 2 1966,   |  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at  |  |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |  |
| Widowed  | milial gnoullicincy  |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears   | Designation of the state of the |  |
| Parent ofchildren, of whomare living   | The sale of the sa |  |
| (State or country) Michigan  | (DURATION) DAYS  |  |
| NAME OF FATHER   | Contributory   |  |
| comothy M= Kone  | (DURATION) DAYS  |  |
| BIRTHPLACE<br>OF FATHER  | (Signed) M.D.  |  |
| (State or country) Treland   | Marity (Address) Chellea   |  |
| OF MOTHER WIND IN A MERCHAN  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  |  |
| BIRTHPLACE   | Former or How long at usual residenceDays  |  |
| (State or country)   | Where was disease contracted,  |  |
| OCCUPATION   | if not at place of death?  |  |
| Form Laborer (Way)   | Sulvan Cath. Com. mar 27 19d6  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  | UNGERTAKER   |  |
| (Informant) Lillian M: Kone  | yes. 1. Staffan Chelsea, Mich  |  |
| Clalana Marak  | ahril 4 1966 Paul O. Bacon   |  |
| (Address)  | Registrar  |  |

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|                             | AST WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. |
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|     | PLACE OF DEATH   | STATE OF MICHIGAN  |
|-----|--|--|
|     | County of What amount  | artment of State—Division of Vital Statistics  |
|     | Township of Suran TRANSCRIP  | T OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
|     | or<br>Village of   |  |
| -   | or   | Registered No  |
|     | City of (No  | St; Ward) a Hospital or Institu-   |
|     | 611. 10.   | instead of street and number. If away from   |
|     | FULL NAME CLEN OUG   | usual residence, give "Special Informa- tion" below.]                                  |
|     | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
|     | SEX COLOR  | DATE OF (Month) (Day) (Year)   |
| -   | Temale While   | Warit 15 16  |
|     | DATE OF (Month) (Day) (Year)   | 1900   |
|     | March 27 1833  | HEREBY CERTIFY, That Lattended deceased from   |
|     | AGE (TO)   | 196, to // arch 27, 1906   |
|     | 83 YEARS O MONTHS, 2 DAYS  | that I saw h & alive on March 24 190/6,  |
|     | SINGLE, MARRIED, WIDOWED, OR DIVORCED  | and that death occurred, on the date stated above, at M.                               |
|     | WIDOWED, OR BIVORCES /// avry911   | The CAUSE OF DEATH was as follows:   |
|     | AGE AT MARRIAGE.  NUMBER OF CHILD-  If married, age at (first) marriageyears | Chronit Palvular Heart   |
|     | HEN .  | Distase  |
| 1   | Parent of  | arteroseelersin  |
| -   | (State or country) Oseland   | (DURATION) DAYS  |
|     | NAME OF //   | Contributory   |
| -   | VEnnis Wonovan   | (DURATION) DAYS  |
|     | BIRTHPLACE<br>OF FATHER  | (Signed) andrews Gulds   |
| -   | (State or country) Isalque   | Chillian Chelica Miel  |
|     | MAIDEN NAME OF MOTHER M  | upus 16190 b (Address) Con Els Eq Milh.  |
|     | Mary Melin   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |
|     | BIRTHPLACE OF MOTHER (State or country)                                      | Former or How long at usual residence  |
| 11- | Coreland   | Where was disease contracted,  |
| 1   | OCCUPATION   | if not at place of death?  |
| _   | Housewife.   | DATE OF BURIAL OR REMOVAL  |
| 1   | THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                        | UNDERTAKER ADDRESS ADDRESS AND 194 O   |
| 1   | informant) Hora Dalay  | DEO Staffan Chilago Miel   |
| (1  | mormant)   | Pipel D A PERCOPY M  |
|     | (Address) toh Elseq  | May 3 1996 Pred Dromanly   |
|     |  | Registrar  |

| Department of State—Division of Vital Statistics  Township of Additional Township of Certificate of Death—Local Recister of Or   | STATE OF MICHIGAN  |   |  |  |
|--|--|---|--|--|
| OCT PULL NAME  City of (No. St; Ward)  FULL NAME  Class Cecured in all longitude of Institute of | County of State—Division of Vital Statistics                   |   |  |  |
| City of (No. St.; Ward)  If death occurred in a loopital or institution, grow is NAME  FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  SEX  PERSONAL AND STATISTICAL PARTICULARS  SEX  PATE OF COLOR  AGE  AGE  AGE  AGE  AGE  AGE  AGE  AG   |  |   |  |  |
| SET OF COLOR SET WARD AND STATISTICAL PARTICULARS  SEX COLOR SET OF COLOR SET OF DEATH  PERSONAL AND STATISTICAL PARTICULARS  SEX COLOR SET OF COLOR SET OF DEATH  DATE OF CHANGE OF COLOR SET OF DEATH  DATE OF CHANGE OF CHILD SET OF CHANGE OF CHANGE OF CHILD SET OF CHANGE OF CHILD SET OF CHI | Village of   |   |  |  |
| FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  SEX    COLON   COLON   COLON   DATE OF CAMBULATE    CALL   CALL   CALL   CALL   CALL   DATE OF CAMBULATE    CALL   CALL   CALL   CALL   DATE OF CA |  | a Hospital or Institu-  |  |  |
| PULL NAME  PERSONAL ARD STATISTICAL PARTICULARS  SEX    Colon   Colon  | e 11 L   | instead of street and number. If away from  |  |  |
| DATE OF DEATH  LEMALE  COLORY  (Year)  DATE OF DEATH  COMORTH)  AGE  COLORY  (Year)  (Color)  COLORY  (Year)  COLORY  COLORY  COLORY  (Year)  COLORY  (COLORY  (COLOR | Sull NAME Off A Parama usual residence, give "Special Informa- |   |  |  |
| DATE OF MONTHS, DAYS  SINGLE, MARRIED, VEARS, MONTHS, DAYS  MAIDEN MARRIED, VEARS, MONTHS, DAYS  MARRIED, VEARS, MONTHS, DAYS  GOE AT MARRIED, VEARS, MONTHS, DAYS  REST OF CHILD. If married, age at (first) marriage  WHO THE CAUSE OF DEATH was as follows:  CONTRIBUTION  MALE OF PATHER  (State or country)  MAIDEN NAME OF PATHER  (State or country)  MAIDEN NAME  OF MOTHER  (State or country)  MAIDEN NAME  OF MOTHER  (State or country)  MAIDEN NAME  OF MOTHER  SPECIAL INFORMATION only for Respitals, institutions, Transients or Recent Residents:  Former or  SPECIAL INFORMATION only for Respitals, institutions, Transients or Recent Residents:  Former or  SPECIAL INFORMATION only for Respitals, institutions, Transients or Recent Residents:  Former or  SPECIAL INFORMATION only for Respitals, institutions, Transients or Recent Residents:  Former or  SPECIAL INFORMATION only for Respitals, institutions, Transients or Recent Residents:  Former or  SPECIAL INFORMATION only for Respitals, institutions, Transients or Recent Residents:  Former or  SPECIAL INFORMATION only for Respitals, institutions, Transients or Recent Residents:  Former or  SPECIAL INFORMATION only for Respitals, institutions, Transients or Recent Residents:  Former or  SPECIAL INFORMATION, on remoderal CLAFC Q. PATE for BURGAL Q.  WHO THE ABOVE STATED PRODUCT ARE TRUE TO THE  BEST OF MY KNOWLEDGE AND BELLIEF.  SPECIAL INFORMATION, on REMODERAL AND   | PERSONAL AND STATISTICAL PARTICULARS                           |   |  |  |
| AGE  OUT THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  BEST OF MY KNOWLEDGE AND BELIEF  (Informant)  SON SERVEY CERTIFY. That A strended adoceased from Land Single and that I saw h 21 alive on 1986 to 1986 to 1986 to 1986 and that I saw h 21 alive on 1986 and that death occurred, on the date stated above, at 24 M. M. The CAUSE OF DEATH was as follows:  THE CAUSE OF DEATH was as follows:  Contributory  Contributory  Contributory  Signed  Contributory | Himale While   | DEATH (U)   |  |  |
| that I saw h 21 alive on Child and that death occurred, on the date stated above, at 2 4 h M.  The CAUSE OF DEATH was as follows:  Contributory  Contributory  Contributory  Contributory  Contributory  Contributory  Signed  Contributory  Signed  Contributory  Signed  Contributory  Special Information only for Hospitals, institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, Transients or Recent Residents:  Former or  Special Information only for Hospitals, Institutions, | BIRTH A G 1066   | 11.15 11 1.6.19   |  |  |
| The CAUSE OF DEATH was as follows:  The CAUSE OF DEATH was as foll | 60 10 7  | that I saw h 21 alive on Chil 15 1906   |  |  |
| Parent of children, of whom are living  BIRTHPLACE (State or country)  NAME OF FATHER  BIRTHPLACE OF RATHER  GOF RATHER  MAIDEN NAME OF MOTHER  GOF MOTHER  GOF MOTHER  GOF MOTHER  GOF MOTHER  COLUMNIA  COULDATION  COULDATION  COULDATION  COLUMNIA           | SINGLE, MARRIED. WIDOWED, OR DIVORCED MidowEd                  |   |  |  |
| NAME OF PATHER  BIRTHPLACE OF MOTHER  GRADIER  G | NUMBER OF CHILD- If married, age at (first) marriageyears      | acute Lobor Pheumania   |  |  |
| BIRTHPLACE OF BATHER (State of country)  MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)  OCCUPATION  THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  (Informant)  (Address)  AMERICAN  Signed)  (Madress)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  |  | (DURATION) DAYS   |  |  |
| SIGNED STATE (State of country)  MAIDEN NAME OF MOTHER GRAND CARLOS (Address)  BIRTHPLACE OF MOTHER (State or country)  OCCUPATION  THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  (Informant)  (Address)  CARLOS (State of country)  SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or usual residence   | NAME OF FATHER Loopen Burns                                    |   |  |  |
| SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  BIRTHPLACE OF MOTHER (State or country)  OCCUPATION  THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  (Informant)  CAddress)  (Address)  Address)  SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  How long at usual residence   | OF FATHER  | 10/ 07 1916 Chiles Mill.  |  |  |
| Usual residence  | MAIDEN NAME Bredget Coyle                                      | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  (Informant) Sto Stoffon  (Address) Color and Mich Stoff | OF MOTHER  | where was disease contracted,   |  |  |
| (Informant) 50 Stoffon Stoffon Stoff On Staffan Onthe Milh  (Address) Challaga Mith That 3 1966 7720 Browner   | House Wife   |   |  |  |
| (Address) Challed Mich Hay 3 1966 Fred Brownie   | BEST OF MY KNOWLEDGE AND BELIEF                                | So.P. Slupfan Chelsa Mich   |  |  |
|  | blelian Miel   | May 3 1996 Tred Brownie Registrar   |  |  |

### Department of State-Division of Vital Statistics County of RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Township of Registered No..... Village of [If death occurred in a Hospital or Instituor a Hospital or Institu-tion, give its NAME instead of street and number. If away from usual residence, give "Special Informa-tion" below.] Ward) City of PERMANENT RECORD. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS (Year) (Day) DATE OF (Month) COLOR SEX DEATH (Day) (Year) (Month) DATE OF HEREBY CERTIFY. That Lattended deceased from 4 AGE 13 that I saw ham alive on and that death occurred, on the date stated above, at -THIS MONTHS. The CAUSE OF DEATH was as follows: SINGLE, MARRIED, WIDOWED, OR DIVORCED ERVED AGE AT MARRIAGE, If married, age at (first) marriage.....years NUMBER OF CHILD-UNFADING REN RIRTHPLACE (State or country) Contributory NAME OF FATHER MARGIN PLAINLY BIRTHPLACE OF FATHER (State or country) MAIDEN NAME SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : OF MOTHER WRITE place of death? usual residence..... BIRTHPLACE OF MOTHER (State or country) Where was disease contracted, if not at place of death? OCCUPATION THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE ADDRESS UNDERTAKER BEST OF MY KNOWLEDGE AND BELIEF (Informant).... Filed Registrar

PLACE OF DEATH

STATE OF MICHIGAN

# STATE OF MICHIGAN Department of State—Division of Vital Statistics RTIFICATE OF DEATH-LOCAL REGISTER or Village of Registered No... or [If death occurred in a Hospital or Institu-City of .... St.; Ward) tion, give its NAME instead of street and number. If away from WRITE usual residence, give "Special Information" below.] PERSONAL AND STATISTICAL PARTICULAR PLAINLY DATE OF (Month) (Day) (Year) SEX COLOR DEATH MARGIN (Month) (Day) (Year) DATE OF BIRTH HTIW I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_190 , to AGE that I saw h \_\_\_\_\_alive on \_\_\_\_\_, 190 UNFADING INK-THIS SINGLE, MARRIED. ERV WIDOWED, OR DIVORCED The CAUSE OF DEATH was at follows: AGE AT MARRIAGE. If married, age at (first) marriage......years NUMBER OF CHILD-REN BIRTHPLACE (State or country) NAME OF BINDING FATHER PERMANENT BIRTHPLACE (Signed) OF FATHER (State or country) 190 ..... (Address) MAIDEN NAME OF MOTHER SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: How long at RECORD Former or BIRTHPLACE OF MOTHER usual residence..... place of death? (State or country) Where was disease contracted, if not at place of death? ACE OF BURIAL OR REMOV THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE UNDERTAKER BEST OF MY KNOWLEDGE AND BELIEF Registrar

| MARGIN RESERVED FOR BINDING. | 48 WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. |
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| PLACE OF DEATH STATE OF MICHIGAN  |   |  |
|---|---|--|
| County of Mashtenau Department of State—Division of Vital Statistics                  |   |  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |  |
| or<br>Village of  | Registered No   |  |
| or  | St.; Ward)  [If death occurred in a Hospital or Institution, give its NAME                                    |  |
| City of (No.  | St.; Ward) tion, give its NAME instead of street and number. If away from                                     |  |
| FULL NAME LAROB S. Has  | "Special Information" below.]   |  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |  |
| Male COLOR Mhite  | DATE OF DEATH  AUG.  (Day)  (Year)  (Year)  |  |
| DATE OF Month (Day) (Year) 1898   | I HEREBY CERTIFY, That I attended deceased from   |  |
| AGE   | that I saw h alive on ,190 ,  |  |
| 14 YEARS MONTHS, DAYS   | and that death occurred, on the date stated above, at   |  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:  |  |
| AGE AT MARRIAGE, NUMBER OF CHILD-  If married, age at (first) marriageyears           | D: (P 13 1911)  |  |
| NUMBER OF CHILD- IT Married, age at (11751) marriage                                  | Train Muy 15 1116   |  |
| BIRTHPLACE M1   | Ingust held   |  |
| (State or country)  | (DURATION) DAYS   |  |
| NAME OF FATHER Coursed HErelschward   | Contributory (DURATION) DAYS  |  |
| BIRTHPLACE<br>OF FATHER   | (Signed) ilham Bacon Justier of the France B.   |  |
| (State or country) & gran auf   | lug. 14 1966 (Address) Ch Else 9  |  |
| MAIDEN NAME GOF MOTHER GOVERNOR Schible   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :  Former or How long at |  |
| BIRTHPLACE OF MOTHER (State or country) Samual  | usual residence   |  |
| OCCUPATION A  | if not at place of death?   |  |
| Harm Laborer  | PLACE OF BURIAL OR REMOVAL  Sharman Set Sharma Purk  MASS. 19/10  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNITERTAKER ADDRESS / AM  |  |
| la Handral 14   | Histoffan 4 Son Chelsea Mich  |  |
| (Informant) (1) 12 Elsenward  | Filed / Start copy R  |  |
| (Address) A To Con Eleca  | Sept. 1900 MEd. A. VIII ramed Registrar   |  |
|   | 11. 10.00 GM  |  |

| PLACE OF DEATH   | TATE OF MICHIGAN   |  |
|--|--|--|
| County of Aghlenau Department of State—Division of Vital Statistics          |  |  |
|  | OF CERTIFICATE OF DEATH-LOCAL REGISTER   |  |
| Village of   | Registered No.   |  |
| or   | St; Ward)  [If death occurred in a Hospital or Institution give its NAME                                     |  |
|  | instead of street and  |  |
| FULL NAME Coleman  | wolled usual residence, give "Special Information" below.]   |  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX Male COLOR Mate  | DATE OF CHONTH) (Day) (Year) DEATH  OUG 3 100/9/6  |  |
| DATE OF (Month) (Day) (Year)   | I HEREBY CERTIFY, That I attended deceased from  |  |
| AGE  |  |  |
| 19 5 4   | that I saw halive on,190   |  |
| SINGLE, MARRIED,   | and that death occurred, on the date stated above, at  |  |
| WIDOWED, OR DIVORCED Married   | The CAUSE OF DEATH was as follows:   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD-   If married, age at (first) marriageyears | Truis Pug 13-1816  |  |
| Parent of  | Quarent hold   |  |
| (State or country)   | (DURATION) DAYS  |  |
| NAME OF MELLS SMARINE  | Contributory   |  |
| BIRTHPLACE OF FATHER   | (Signed William Bream Justice of the Pross D   |  |
| (State or country)   | aug 14 1966 (Address) Chilage But of Sylv  |  |
| MAIDEN NAME OF MOTHER MAN GARACTER MINE CONF                                 | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at |  |
| BIRTHPLACE OF MOTHER (State or country)                                      | usual residence place of death? Days  Where was disease contracted,  |  |
| OCCUPATION (   | if not at place of death?  |  |
| J'arms1  | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                        | UNDERTAKER A A A ADDRESS   |  |
| 6 8 1401   | Sent Staffar Chelsea Mill  |  |
| (Informant) 20 1 Might   | Filed & I Frue copy B  |  |
| (Address) Ch Elle J. J. L.   | Registrar  |  |

| STATE OF MICHIGAN   |  |  |
|---|--|--|
| County of A Language Department of State—Division of Vital Statistics                 |  |  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
|   |  |  |
| or  | Registered No.   |  |
| City of (No.  | St.; Ward) a Hospital or Institu-  |  |
| Will &  | instead of street and<br>number. If away from<br>usual residence, give                 |  |
| FULL NAME ( MAN & MAN   | "Special Information" below.]  |  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX COLOR 1 . A   | DATE OF (Month) (Day) (Year)   |  |
| Male While  | () et 1> 1916  |  |
| DATE OF (Month) (Day) (Year)  | par U  |  |
| high 9 1853   | I HEREBY CERTIFY, That I attended deceased from  |  |
| AGE   | Jan. 12 1966, to Ul 14, 1996,  |  |
| 6 2 YEARS MONTHS DAYS   | that I saw h is a alive on Wet 14 , 1996,  |  |
| SINGLE, MARRIED,  | and that death occurred, on the date stated above, at                                  |  |
| WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |  |
| AGE AT MARRIAGE,  | CAA ,  |  |
| NUMBER OF CHILD- If married, age at (first) marriageyears                             | Mhu Carditis   |  |
| Parent ofchildren, of whomare living  |  |  |
| BIRTHPLACE (State or country)   |  |  |
| Unio  | (DURATION)DAYS   |  |
| NAME OF FATHER  | Contributory   |  |
| Jas Smalley   | DAYS   |  |
| BIRTHPLACE OF FATHER (State or country)   | (Signed) W. Lalmer M.D.  |  |
| Cano  | Detro 11   |  |
| MAIDEN NAME OF MOTHER M. M. S   |  |  |
| Min Hiceams   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |  |
| BIRTHPLACE<br>OF MOTHER   | Former or How long at usual residence  |  |
| (State or country)  | Where was disease contracted,  |  |
| OCCUPATION  | if not at place of death?  |  |
| t armer   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | DINDERTAKER ADDRESS  |  |
| 91 9  | & W. braten Garage Gales.  |  |
| (Informant)//   | Filed Tribe copy   |  |
| (Address)   | Mos: 4 196 Kred & Brossaule  |  |
| o portaling.  | Registrar  |  |

| PLACE OF DEATH STATE OF MICHIGAN  |   |  |
|---|---|--|
| County of Ashaenaw Depart   | tment of State—Division of Vital Statistics   |  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH-LOCAL REGISTER  |  |
| Village of  | Registered No. 3  |  |
| or  | [If death occurred in a Hospital or Institu-  |  |
| City of (No.  | tion, give its NAME instead of street and   |  |
| M. el ach X   | number It away from   |  |
| FULL NAME Schall Schall "Special Information" below.]                                 |   |  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |  |
| SEX Male COLOR White  | DATE OF DEATH  (Month)  (Day)  (Year)   |  |
| DATE OF Month) (Day) (Year)  May 10 1834  | HEREBY CERTIFY, That Lattended deceased from  |  |
| AGE   | 456V, 1966, to 1000, 1986,  |  |
| 84 YEARS 5 MONTHS 27 DAYS   | that I saw him alive on 1000 190'6  |  |
| SINGLE, MARRIED.  | and that death occurred, on the date stated above, at                                 |  |
| WIDOWED, OR DIVORCED Married  | Chranie Vintaralstial   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears            | All to with a con-  |  |
| Parent ofchildren, of whomare living  | Maghadia will monier  |  |
| BIRTHPLACE (State or country)   | (DURATION) DAYS   |  |
| Ermany  |   |  |
| NAME OF FATHER John Schank  | Contributory  |  |
| BIRTHPLACE<br>OF FATHER   | (Signed) Seo. M. Palmer M.D.  |  |
| (State or country) & Trimany  | Moor 8 1966 (Address) Chelsea Mich-   |  |
| of Mother Regima Marieh.  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |  |
| BIRTHPLACE<br>OF MOTHER   | Former or How long at usual residence Days  |  |
| (State or country) Samany   | Where was disease contracted, if not at place of death?                               |  |
| OCCUPATION A  | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL   |  |
| Tarmer  | Selvan San. ME. Com. 100 1906   |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER MASH ONESS   |  |
| (Informant)//14. Mhack Schaus   | Filed President   |  |
| (Address) 6 h Elsea   | Nov. 12 1966 H Brownaule  |  |

| PLACE OF DEATH STATE OF MICHIGAN   |  |  |
|--|--|--|
| County of Mantenau Department of State—Division of Vital Statistics  |  |  |
| Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
| Village of   | Registered No.   |  |
| or   | St.; Ward)  [If death occurred in a Hospital or Institution, give its NAME instead of street and   |  |
| City of (No.   | number If away from  |  |
| FULL NAME SENEVE WE  | usual residence, give "Special Information" below.]  |  |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH  |  |  |
| SEX COLOR 1  | DATE OF (Month) (Day) (Year)   |  |
| Fimale White   | Lan. 2 199/  |  |
| DATE OF (Month) (Day) (Year)   | A HEREBY CERTIFY, That I attended deceased from  |  |
| 1/00. 3 18/8   | an 15 1967, to form 20, 1907.  |  |
| AGE CO D I   | that I saw h & alive on Jan. 20 1967.  |  |
| YEARS MONTHS DAYS  | and that death occurred, on the date stated above, at . C.M.   |  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |  |
| flidowed   | Винеро Ренешнати   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears   |  |  |
| REN Parent of  | process and the contract of th |  |
| BIRTHPLACE (State or country) (DURATION) H DAYS  |  |  |
| Drimany  | Contributory   |  |
| FATHER Hauser  | Apuration)   |  |
| BIRTHPLACE   | (Signed) S. S. Sunh M.D.   |  |
| OF FATHER (State or country)   |  |  |
| MAIDEN NAME  | N NAME   |  |
| OF MOTHER Unknown  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :  Former or How long at  |  |
| BIRTHPLACE OF MOTHER   | usual residence  |  |
| (State or country) Unknown   | Where was disease contracted,  if not at place of death?   |  |
| OCCUPATION   | PLASE OF BURIAL OR REMOVALY DATE OF BURIAL   |  |
| toursunfe.   | M. Chirt Chesse Mich Jan. 24 1997  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | UNDERTAKER OF THE ADDRESS MINISTER   |  |
| (Informant) ach / Burnuil  | Brond 1 Argust copy M  |  |
| (Address) Chilara Mich   | Wife 3 1st End Brownguste  |  |
| ( called the called th | Registrar  |  |

| PLACE OF DEATH STATE OF MICHIGAN  |  |  |
|---|--|--|
| County of Maghituau Department of State—Division of Vital Statistics                  |  |  |
| Township of Sylvay TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
| or Tillean of   | Registered No.   |  |
| Village of  | [If death occurred in  |  |
| City of(No,   | St; Ward) a Hospital or Institu-<br>tion, give its NAME<br>instead of street and   |  |
| //  |  |  |
| FULL NAME OF COMES  | It usual residence, give "Special Information" below.]   |  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX M COLOR MAL.  | DATE OF (Day) (Year)   |  |
| Male Mule   | 126. 6 1917  |  |
| DATE OF (Month) (Day) (Year)  | THE RESERVE THE PROPERTY OF THE PARTY OF THE |  |
| Jan. 4 1851   | HEREBY CERTIFY, That Intended deceased from  |  |
| AGE .   | Jan. 29 1907, to 1200 6 , 1997   |  |
| 66 YEARS MONTHS DAYS  | that I saw have alive on 1 Eb. 6 190 7   |  |
| SINGLE, MARRIED,  | and that death occurred, on the date stated above, at /238 km  |  |
| WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |  |
| AGE AT MARRIAGE, (  | Merialing audocardilin   |  |
| NUMBER OF CHILD- If married, age at (first) marriageyears                             | and Broucher Insumania   |  |
| Parent ofchildren, of whomare living  | grifeli ever marke his providers. In barnet  |  |
| BIRTHPLACE<br>(State or country)  | (DURATION) DAYS  |  |
| Germany   |  |  |
| NAME OF FATHER //   | Contributory   |  |
| - Namin / trim  | (DURATION) DAYS  |  |
| BIRTHPLACE<br>OF FATHER   | (Signed) M.D.  |  |
| (State or country) & Ermanl   | Ref 71967 (Address) Coprisea Much.   |  |
| MAIDEN NAME OF MOTHER //  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  |  |
| _ NEgrona VErfundikolho   | Former or How long at  |  |
| BIRTHPLACE OF MOTHER  | usual residence  |  |
| (State or country) Samually   | Where was disease contracted, if not at place of death?  |  |
| OCCUPATION  | PLACE OF BURIAL OR REMOVAL   |  |
| 1Tarmer   | Mr. Olivet lahelara Metry 1 194)   |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER ADDRESS AM.   |  |
| Clas Hois   | Leo. P Stoffen Chilea Mich   |  |
| (Informant) for with  | Flied of of the copy of  |  |
| (Address) Oh Elasa Misch  | March 3 1967 That I drossamle  |  |
|   | Registrat  |  |

| County of County |  |
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| Township of Juna TRANSCRIPT or Village of or City of (No.  | Registered No.  St.; Ward)  St.; Ward) |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| DATE OF Month) (Day) (Year)  | DATE OF Month) (Day) (Year) DEATH March 199/9/7  |
| 1786. 16 1917  | TEREBY CERTIFY, That Mattended deceased from   |
| YEARS MONTHS 13 DAYS   | and that death occurred, on the date stated above, at S. M.  |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN  If married, age at (first) marriageyears Parent ofchildren, of whomare living   | Paronehitis  |
| (State or country) Michigan  | (DURATION) DAYS  |
| John Dehman  | Contributory Gration DAYS  |
| BIRTHPLACE OF FATHER (State or country) Muchigan   | (Signed) SED M.D. M.D. M.D. M.D. M.D. M.D. M.D.  |
| MAIDEN NAME Marie Sas Ex   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :   |
| BIRTHPLACE OF MOTHER (State or country)  Michigan  | Former or How long at usual residence Days  Where was disease contracted,  |
| OCCUPATION   | PLACE OF BURIAL OR REMOVAL   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | UNDERTAKER MODEL ADDRESS   |
| (Informant) Ohn of Ehman   | Filed Whus cary D  |
| (Address) Chelse of Milk   | Man. 7 1967 Frid & Paroisonale Registrar   |

| STATE OF MICHIGAN   |   |  |
|---|---|--|
| County of Nashlinau Depar   | tment of State—Division of Vital Statistics   |  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |  |
| or Village of   | Registered No.  |  |
| Village of  | [If death occurred in   |  |
| City of(No,   | St; Ward) a Hospital or Institu-<br>tion, give its NAME                               |  |
| M 11 11   | instead of street and number. If away from  |  |
| FILL NAME ///9/12 /9 mg   | usual residence, give "Special Information" below.]                                   |  |
| FOLL NAME   | MEDICAL CERTIFICATE OF DEATH  |  |
| PERSONAL AND STATISTICAL PARTICULARS  |   |  |
| Remale White  | DATE OF DEATH  March  (Nonth)  (Year)   |  |
| DATE OF BIRTH (Day) (Year) 7 1851   | HEREBY CERTIFY, That I attended deceased from   |  |
| AGE   | that I am h & alive on Morel 5 1017   |  |
| 65 YEARS MONTHS, W DAYS   | and that death occurred, on the date stated above, at                                 |  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED Willow  | The CAUSE OF DEATH was as tollows:  |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears            |   |  |
| NUMBER OF CHILD- REN  If married, age at (1/151) marriage                             | planting and appearing the second   |  |
| (State or country) Denonark   | (puration)DAYS  |  |
| NAME OF FATHER ( Managed Contributory David College)  Operation Days                  |   |  |
| BIRTHPLACE OF FATHER (State-of country) (Signed) (Signed) (M. D.                      |   |  |
| MAIDEN NAME  MAIDEN NAME  MAIDEN NAME  MAIDEN NAME                                    |   |  |
| OF MOTHER Annual Christie   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |  |
| BIRTHPLACE  | Former or now long at usual residence   |  |
| (State or country) DEnmark  | Where was disease contracted,   |  |
| OCCUPATION  | if not at place of death?   |  |
| Modern as Marie Manual Inc. To the A  | Sylvan Centri March & 19  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER Manga Langlas a Mick   |  |
| (Informany) / 12 Chas Cause Filed Filed   |   |  |
| (Address) Chelata Mich  | March 31 1917 based 4 Brossamer   |  |

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| PLACE OF MICHIGAN  |  |  |
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| County of County |  |  |
| Township of June TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
| Village of or  | Registered No[If death occurred in   |  |
|  | St.; Ward) a Hospital or Institu-<br>tion, give its NAME<br>instead of street and      |  |
| FULL NAME Centhoury Size   | number. If away from usual residence, give "Special Information" below.]               |  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX M COLOR 1  | DATE OF (Month) (Day) (Year)   |  |
| Male Mile  | DEATH May 13 1917  |  |
| DATE OF (Month) (Day) (Year)   | I HEREBY CERTIFY, That I attended deceased from  |  |
| AGE AGE  | 190, to, 190,  |  |
| 96 10 26   | that I saw halive on,190   |  |
| SINGLE, MARRIED,   | and that death occurred, on the date stated above, at                                  |  |
| WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears   | and gold of  |  |
| REN Parent of  | matter and Mil May 12-1917   |  |
| BIRTHPLACE (State or country)  | (DUBATION) DAYS  |  |
| Mussia   | Contributor Ha Mither Ell Justice of the Pic   |  |
| NAME OF FATHER MEAN Vandstehre   | and Ceting barous (DURATION) DAYS  |  |
| BIRTHPLACE OF FATHER D   | (Signed) M.D.  |  |
| OF FATHER (State or country) Custica   | June ( 1947 (Address) to helsea Mith.  |  |
| MAIDEN NAME OF MOTHER OF MOTHER  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |  |
| BIRTHPLACE OF MOTHER   | Former or How long at usual residence  |  |
| (State or country) Russia  | Where was disease contracted, if not at place of death?                                |  |
| occupation Manha . T   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |  |
| THE ABOVE STATED, PERSONAL PARTICULARS ARE TRUE TO THE   | INDERTAKER ADDRESS   |  |
| BEST OF MY KNOWLEDGE AND BELIEF  | DEA P STATES   |  |
| (Informant) Shu Juja   | Filed Files copy M   |  |
| (Address) Con Elasa Mush   | June & 1967 kneds Bronaule   |  |
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| PLACE OF DEATH STATE OF MICHIGAN   |  |  |  |
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| County of Somewaw Depar  | County of State—Division of Vital Statistics   |  |  |
| Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |  |
| Village of   | Registered No.   |  |  |
| or a management of   | St; Ward) [If death occurred in a Hospital or Institu-   |  |  |
| City of (No.   | instead of street and  |  |  |
| FULL NAME STORY& BEOM  | nusual residence, give "Special Information" below.]   |  |  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |  |  |
| SEX Male COLON Mite  | DATE OF CHARLES (Year)    DATE OF CHARLES (Year)    DATE OF CHARLES (Year)    DATE OF CHARLES (Year)    DATE OF CHARLES (Year) |  |  |
| DATE OF BIRTH (Month) (Day) (Year)   | I HEREBY CERTIFY, That I attended deceased from  |  |  |
| AGE Supposed UGE BO YEARS MONTHS, DAYS   | that I saw halive on,190,  |  |  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  | and that death occurred, on the date stated above, at  |  |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN Jeans Jean Street St | Sylvan Duk Worktenaw Co. Mich.   |  |  |
| Parent ofchildren, of whom   | May 13-1417  |  |  |
| (State or country)   | ( De the Couragion)  |  |  |
| NAME OF FATHER AND LOS   | Contributory & All Marketton) DAYS   |  |  |
| BIRTHPLACE OF FATHER (State or country)  | (Signed) M.D. helsea Hills.  |  |  |
| MAIDEN NAME OF MOTHER MUNICIPAL OF MOTHER MAIDEN NAME  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :  Former or How long at                  |  |  |
| BIRTHPLACE OF MOTHER (State or country)  | usual residence  |  |  |
| Saborer Coment Factory   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 196  |  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  | UNDERTAKER STATE ADDRESS MICH.   |  |  |
| (Informant) Lev Maffan   | ried Fred Brossamle  |  |  |
| (Address) ON ELAEM MILLIA  | Registrar  |  |  |

PLACE OF DEATH

STATE OF MICHIGAN

Department of State-Division of Vital Statistics

Registered No ....

Ward)

How long at

place of death?

[If death occurred in a Hospital or Institu-

tion, give its NAME instead of street and

number. If away from usual residence, give "Special Information" below.]

(Year)

| PLACE OF DEATH STATE OF MICHIGAN   |  |  |
|--|--|--|
| County of County |  |  |
|  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
| Village of   | Registered No.   |  |
| Or City of No  | St.; Ward)  [If death occurred in a Hospital or Institu-<br>tion, give its NAME  |  |
|  | instead of street and number. If away from   |  |
| FULL NAME Christian  | usual residence, give "Special Information" below.]  |  |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH  |  |  |
| SEX AM O COLOR MALA  | DATE OF (Month) (Day) (Year)   |  |
| Male While   | Sune 30 16/  |  |
| DATE OF (Month) (Day) (Year)   | AI HEREBY CERTIFY, That I attended deceased from   |  |
| Get 8 1846   | Sunt 28 187 Johns 30 , 1967  |  |
| AGE DO OD  | that I saw hing alive on lune 30 190)  |  |
| YEARS, MONTHS, A DAYS  | and that death occurred, on the date stated above, at  |  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:   |  |
| Married  | Cerebral/temonhage   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD-REN [If married, age at (first) marriageyears   | Control of the contro |  |
| Parent of  | The state of the s |  |
| BIRTHPLACE (State or country)  | (DUBATION)DAYS   |  |
| NAME OF DATE OF THE PROPERTY O | Contributory arterio Selerosis   |  |
| FATHER 6 - 7 MARCO   | A MA GURATION) DAYS  |  |
| BIRTHPLACE 2   | (Signed) I Wodt M.D.   |  |
| OF FATHER (State or country)   | Lile 2 dy and helasa Mich.   |  |
| MAIDEN NAME OF MOTHER O 1 11   | Address) (Light Control of the Contr |  |
| Sarah Kall   | CSPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at  |  |
| BIRTHPLACE<br>OF MOTHER  | usual residence  |  |
| (State or country) S Emmany  | Where was disease contracted,  if not at place of death?   |  |
| OCCUPATION   | PLACE OF BURIAY OR REGIOVAL DATE OF BURIAL   |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | Cake Grove July 0 1991   |  |
| BEST OF MY KNOWLEDGE AND BELIEF  | UNDERTOKER MANAGE AND  |  |
| (Information 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Filed A Trave cory M   |  |
| (Address) Chelvea Mich-  | Kuly 7 1967 Dred & Brossame  |  |
|  | Registrar  |  |

Department of State-Division of Vital Statistics County of CERTIFICATE OF DEATH-LOCAL REGISTER Township of or Registered No .... Village of [If death occurred in a Hospital or Instituor tion, give its NAME instead of street and number. If away from (No...., Ward) City of RECORD. usual residence, give "Special Information" below.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT (Year) DATE OF DEATH BINDING (Year) (Day) BIRTH I HEREBY CERTIFY, That I attended deceased from 190 to \_\_\_\_\_\_ AGE that I saw h .....alive on INK-THIS and that death occurred, on the date stated above, at..... SINGLE, MARRIED. The CAUSE OF DEATH was as follows: WIDOWED, OR DIVORCED RESERVED AGE AT MARRIAGE. If married, age at (first) marriage.....years UNFADING NUMBER OF CHILD-REN BIRTHPLACE (State or country) (DURATION) NAME OF Contributory WITH FATHER BIRTAPLACE PLAINLY OF FATHER (State or country) MAIDEN NAME OF MOTHER SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: F WRITE How long at place of death? BIRTHPLACE usual residence... OF MOTHER (State or country) Where was disease contracted, if not at place of death?... OCCUPATION THE ABOVE STATED PERSONAL PARTICULARS Registrar

STATE OF MICHIGAN

| PLACE OF DEATH STATE OF MICHIGAN   |  |  |
|--|--|--|
| County of an Enair Depar   | tment of State—Division of Vital Statistics  |  |
| Township of your TRANSCRIPT  | OF CERTIFICATE OF DEATH-LOCAL REGISTER   |  |
| Village of   | Registered No.   |  |
| Or City of(No  | St.; Ward)  [If death occurred in a Hospital or Institution, give is NAME instead of street and  |  |
| 11/9   | number it away from  |  |
| FULL NAME 178 drick to Selse usual residence, give "Special Information" below.]   |  |  |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAY CERTIFICATE OF DEATH  |  |  |
| SEX Males color White  | DATE OF MOUNT (Day) (Year)   |  |
| BIRTH Month (Par) (Year) 1869  | I HEREN CERTIFY, That I attended secessed from   |  |
| AGE 67 7 /3  | that I saw h in alive on State 16 ,196   |  |
| SINGLE, MARRIED.   | and that death occurred, on the date stated above, at  |  |
| WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows.   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN  Street Stree | werevore apagrages   |  |
| Parent of  | The second secon |  |
| (State or country) Chic  | (DURATION) DAYS  |  |
| NAME OF FATHER ASTUMBLES TO  | Contributory (DURATION) DAYS   |  |
| BIRTHPLACE OF FATHER (State or country)  2 97711101111   | (Signed) State of Minds  |  |
| MAIDEN NAME OF MOTHER MANUE CARP LCA   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  |  |
| BIRTHPLACE OF MOTHER (State or country)  | Former or How long at usual residence  |  |
| OCCUPATION , RST S &   | Where was disease contracted, if not at place of death?  |  |
| Hardwary Merchant  | un wor much Sept 1967  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | UNDERTAKERY D-4 // RODRIESS  |  |
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| PLACE OF DEATH STATE OF MICHIGAN                              |   |
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| County of Varhlynuse Depar                                    | rtment of State—Division of Vital Statistics  |
|   | OF CERTIFICATE OF DEATH_LOCAL REGISTER  |
| Or<br>Village of  | Registered No.  |
| or  | [If death occurred in a Hospital or Institu-  |
| City of (No.  | St; Ward) tion, give its NAME instead of street and number. If away from                                      |
| Course Pin  | usual residence, give "Special Information" below.]   |
| FULL NAME MMW   |   |
| PERSONAL AND STATISTICAL PARTICULARS                          | MEDICAL CERTIFICATE OF DEATH  DATE OF (Month) (Day) (Year)  |
| sex Male Colon hite   | DATE OF CHORTH (Day) (Year)   |
| DATE OF Month (Day) (Year)  White War (Year)                  | I HEREBY CERTIFY, That I attended deceased from   |
| AGE 0 11 1 0 01 - 21  | 190, to, 190,   |
| Sophoseders 198 Cefaut 30 DAYS                                | that I saw halive on,190, and that death occurred, on the date stated above, atM.                             |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED                         | The CAUSE OF DEATH was as follows:  |
| AGE AT MARRIAGE, (Married and Affinit) marriage               | Mangama Cear on the Sugar for   |
| NUMBER OF CHILD- If married, age at (first) marriageyears REN | of May 5 Mila West of Chilgea   |
| Parent of   | May of death Horningun soffaure   |
| (State or country) (Infinown                                  | to have fallen fram (DERATION) DAYS   |
| NAME OF FATHER Of MANAGEMENT OF THE PATHER                    | Contributory DAYS   |
| BIRTHPLACE  | (Signed & M. Drouge Ceting Canon ETM. D.  |
| OF FATHER (State or country)                                  | Nov. 17 1967 (Address Chelrea Mich  |
| MAIDEN NAME OF MOTHER MAINEMAN                                | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recont Residents :  Former or How long at |
| BIRTHPLACE OF MOTHER  | Former or How long at usual residence place of death? Days  |
| (State or country) (Sulsaour)                                 | Where was disease contracted,   |
| occupation dier Canadian Crimos                               | if not at place of death?  PLACE OF SURFIAL OR REMOVAL A DATE OF BURIAL                                       |
| Rayal flying Coords   | Chipage (190  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE         | UNDERTAKER Stations Sonelsea Mich   |
| (Informant)   | Filed Apple COPT M  |
| (Address)   | Weet 1967 Peredy Dro Example Registrar  |
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| PLACE OF DEATH STATE OF MICHIGAN   |   |
|--|---|
| County of Marhlycue Department of State—Division of Vital Statistics       |   |
| Township of Sylvay TRANSCRIPT  | OF CERTIFICATE OF DEATH-LOCAL REGISTER  |
| or<br>Village of   | Registered No.  |
| or   | [If death occurred in   |
| City of (No.   | St.; Ward) a Hospital of Histitu-<br>tion, give its NAME<br>instead of street and                             |
| Gend & Burn  | number. If away from  |
| FULL NAME SLAGO (O DAW)  | ysual residence, give "Special Information" below.]   |
| PERSONAL AND STATISTICAL PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH  |
| SEX M COLOR MAL-   | DATE OF (Month) (Day) (Year)  |
| Male Inne  | HELE 6 150410   |
| DATE OF (Month) (Day) (Year)   | I HEREBY CERTIFY, That I attended deceased from   |
| 100, 10 1911   | 190, to, 190,   |
| AGE  | that I saw halive on190,  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at   |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED                                   | The CAUSE OF DEATH was as follows:  |
| WIDOWED, OR DIVORCED   | Chahunum as & Mas no  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears | dietas Salas him But A  |
| REN Parent of  | the saw sum say   |
| BIRTHPLACE AM 1 C-   | Jun from Maryrar rauser   |
| (State or country)   | (DURATION)DAYS  |
| NAME OF FATHER   | Contributory  |
| GENTGE BUTGER  | DAYS (DURATION)   |
| BIRTHPLACE OF FATHER   | Gigned 54 Palmer M.D.   |
| (State or country)   | Fich & rod 8 1 Address & Mills - Wills -  |
| MAIDEN NAME OF MOTHER  | U 1990 Audiossy. Santa Variation Translation Despit Desitation  |
| Queita Gage  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or  How long at |
| BIRTHPLACE<br>OF MOTHER  | usual residence place of death? Days  |
| (State or country)   | Where was disease contracted,   |
| OCCUPATION   | if not at place of death?   |
|  | Chelsea teby 9 1908   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                      | UNDERTAKER MA ADDRESS   |
| George Bungen-   | Sa Majer Chenea   |
| (Informant) Wife ( Aut )   | Filed 12 15 Aprile-copy 1   |
| (Address) Oh Ely 89 Milh   | Hiller 10 1900 HILLA STOCKAME   |

|                         | PLACE OF DEATH S   | TATE OF MICHIGAN  |
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|                         | ///h . / / >   | tment of State—Division of Vital Statistics   |
|                         | Kularessa  | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |
|                         | or IRANSCRIPT  |   |
|                         | Village of   | Registered No   |
|                         | City of (No  | a Hospital or Institu-  |
| Ö.                      | Oity of (No.   | instead of street and   |
| O                       | Mai Hanella  | number. If away from usual residence, give "Special Informa-  |
| RECORD.                 | FULL NAME WOUN JOUNIN  | 7 M "Special Information" below.]   |
|                         | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| ANEN                    | SEX Maly COLOR Mule  | DATE OF DEATH (Day) (Year)  |
| BINDING.<br>A PERMANENT | DATE OF (Month) (Day) (Year) BIRTH 23 1887   | I HEREBY CERTIFY, That Watterfield deceased from  |
| m <                     | The state of the s | USI 1907, to 1780 16 , 1998.  |
| 2 5                     | AGE AC ( 2   | that I saw has alive on hele hy 1900,   |
| OR<br>HIS               | YEARS MONTHS, C DAYS   | and that death occurred, on the date stated above, at . 5 G. M.                                     |
| FOF<br>THIS             | SINGLE, MARRIED, WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:  |
| ED                      | Lugly  | Palmonary Subrewlosis   |
|                         | AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears   | A fill took of the  |
| ERV                     | REN  |   |
| E E                     | Parent of  |   |
| RESERV                  | (State or country)   | 3 M 4 (DURATION) JEN DAYS   |
|                         | NAME OF A M  | Contributory  |
| MITH<br>WITH            | Chris Brockner   | DAYS  |
| E >                     | BIRTHPLACE OF FATHER   | (Signed) W. J. Way M.D.   |
| ₹ Z                     | (State or country)   | Heb 2 sod (Address Con Else Mich.   |
| M                       | MAIDEN NAME OF MOTHER  |   |
|                         | allen REEd   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :  How long at |
| WRITE                   | BIRTHPLACE 1 1   | Former or How long at usual residence place of death? Days  |
| W                       | OF MOTHER (State or country)   | Where was disease contracted,   |
| 6                       | OCCUPATION   | if not at place of death?   |
|                         |  | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL   |
|                         | THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | Sylvan Twp 1860 190/0   |
|                         | BEST OF MY HOWLEDGE AND BELIEF   | UNDERTAKER ADDRESS  |
|                         | Harage Bull  | gro & Staffay Chelle  |
|                         | (Informant)/10741167 11111 11111   | Filed A & Maul copy / G   |
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| PLACE OF DEATH STATE OF MICHIGAN  | Tree go dovna  |
|---|--|
| County of Maghitenau Department of State—Division of Vital State  | istics   |
| Township of Sylveur TRANSCRIPT OF CERTIFICATE OF DEATH-LOCK   | AL REGISTER  |
| Village of  | Registered No.   |
| or City of (No, St.;  | .Ward) [If death occurred in a Hospital or Institu-<br>tion, give its NAME instead of street and |
| $m \sim m \sim m$   | number. If away from   |
| FULL NAME // CINIE // Ehman   | usual residence, give "Special Information" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAT   | E OF DEATH   |
| SEX DATE OF (Month)   | (Day) (Year)   |
| TEmale While March  | 27 19/9/8  |
| DATE OF (Month) (Day) (Year)    Day (Year)   Letter By Certify, That  | I attended deceased from   |
| uly 11 1894 Jun 3 1968 to 2   | March 20 1968  |
| AGE 12 / that I saw h 24 alive on Ma  | reh 20 1908  |
| MONTHS, DAYS and that death occurred, on the date   | stated above, at   |
| SINGLE, MARRIED. WIDOWED, OR DIVORCED / The CAUSE OF DEATH was as followed, or Divorced / M                             |  |
| Married p   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN  If married, age at (first) marriageyears  /// // // // // // // // // // // // / | 1 Lungs  |
| Parent of   |  |
| BIRTHPLACE<br>(State or country)  | (DURATION) DAYS  |
| Menigal   |  |
| NAME OF FATHER Contributory   | g (DURATION)DAYS   |
| BIRTHIN ACE   | ALCA MANAGEMENT  |
| OF FATHER (State or country)  | M.D.   |
| MAIDEN NAME MAT. 23 1968 (Address) CM &   | Ary  |
| OF MOTHER SPECIAL INFORMATION only for Hospitals, Institutions, T   |  |
| BIRTHPLACE OF MOTHER  USUAl residence   | How long at place of death? Days   |
| (State or country) Where was disease contracted,  |  |
| OCCUPATION   if not at place of death?  | DATE OF BURIAL   |
| Housewife Sommen ME Sylvan  | Mar. 26 198  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF                                   | ADDRESS / ///  |
| (Informant) when Lehunger Blied Brief   | Chelses mell   |
| Al 14 S Hored   | & Brogrande.   |
| (Address) LOMELAND MARIA 1990 MICH  | Registrar  |

| PLACE OF DEATH STATE OF MICHIGAN  |   |
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| County of MShleuce Department of State—Division of Vital Statistics   |   |
| Township of Dylwaw TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |
| Village of  | Registered No. 3  |
| or or other transfer or other | [If death occurred in a Hospital or Institu-<br>ward] St.; Ward) ig ve its NAME                     |
| City of (No   | instead of street and   |
| FULL NAME Edua Don  | glass usual residence, give "Special Information" below.]   |
| PERSONAL AND STATISTICAL PARTICULARS  | medical certificate of Death  |
| SEX COLOR \   | DATE OF (Month) (Day) (Year)  |
| Fruels Mule   | DEATH July 20 190/8   |
| DATE OF (Month) (Day) (Year)  | 190   |
| HITTH DANNERS OF COMMENCES OF STREET  | I HEREBY CERTIFY, That I attended deceased from   |
| AGE   | 190, to   |
| 120 OCC See It has not been provided to skill we  | that I saw halive on,190,   |
| YEARS, MONTHS, DAYS   | and that death occurred, on the date stated above, at   |
| WIDOWED, OR DIVORCED  | The CAUSE OF DEATH was as follows:  |
| AGE AT MARRIAGE,  | all with the  |
| NUMBER OF CHILD- IT married, age at (11751) marriageyears   | collision on wellout,   |
| Parent of   | Jakton & Chicago Rulway   |
| State or country  | (DURATION) DAYS   |
| NAME OF   | Contributory  |
| FATHER 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | (DURATION)DAYS  |
| BIRTHPLACE  | (Signed) Laor RELIE & Coloure of  |
| OF FATHER (State or country)  | a. Charles  |
| MAIDEN NAME   | 190 (Address) Culture (Address)   |
| OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :  How long at |
| BIRTHPLACE<br>OF MOTHER   | Former or How long at usual residence place of death? Days  |
| (State or country) Wilkingway   | Where was disease contracted,   |
| OCCUPATION 0 4  | if not at place of death?  PLACE OF BURIAL OR REMOVAL DATE OF BURIAL                                |
| School /Eachy   | Weston Willa Juney 21 190/F   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE   | UNDERTAKER ADDRESS  |
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| PLACE OF DEATH STATE OF MICHIGAN  |  |
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| County of / Wash Success Department of State—Division of Vital Statistics |  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH-LOCAL REGISTER   |
| Village of  | Registered No  |
| or  | [If death occurred in a Hospital or Institu-   |
| City of (No,  | St.; Ward) tion, give its NAME instead of street and   |
| FULL NAME aloysus   | number. If away from usual residence, give "Special Information" below.]   |
| PERSONAL AND STATISTICAL PARTICULARS                                      | MEDICAL CERTIFICATE OF DEATH   |
| SEX COLOR 1 4   | DATE OF (Month) (Day) (Year)   |
| Marie While   | DEATH Octobre 23 190/8   |
| DATE OF (Month) (Day) (Year)  | 194  |
| BIRTH V1 07 897   | I HEREBY CERTIFY, That I attended deceased from  |
| may 2/ 10/  | Oct. 23 1968, to Oct 23, 1963,   |
| AGE   | that I saw halive on,190,  |
| 2 / YEARS MONTHS, 2 @ DAYS  | and that death occurred, on the date stated above, at  |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED                                  | The CAUSE OF DEATH was as follows:   |
| Dugle   | Crowbers Pasembers   |
| AGE AT MARRIAGE,  If married, age at (first) marriageyears                | PORT OF THE PROPERTY OF THE PR |
| REN   |  |
| Parent of   |  |
| BIRTHPLACE (State or country)   | (DURATION) DAYS  |
| Chio  | Control below  |
| NAME OF FATHER  | Contributory (DURATION) DAYS   |
| Joseph Oly  | (BURATION)   |
| BIRTHPLACE<br>OF FATHER   | (Signed) Traller M.D.  |
| (State or country) // Emacy   | 190 (Address) Chalsen Mul  |
| MAIDEN NAME OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :   |
| Frances Langlelus   | Former or How long at  |
| BIRTHPLACE<br>OF MOTHER   | usual residencaplace of death?Days   |
| (State or country)  | Where was disease contracted,  |
| OCCUPATION  | if not at place of death?  |
| Faces   | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                     | UNDERTAKER ADDRESS   |
| BEST OF MY KNOWLEDGE AND BELIEF   | Gua D Stalla Geslas Me   |
| (Informant) Joseph Wolff  | Filed A TRUE COPY  |
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| PLACE OF DEATH STATE OF MICHIGAN  |  |  |
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| County of Mashauce Department of State—Division of Vital Statistics               |  |  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
| or //   | Registered No  |  |
| Village of  | [If death occurred in  |  |
| City of (No   | St; Ward) a lossified tion, give its NAME instead of street and number. If away from   |  |
| FULL NAME Catherine K   | number. If away from usual residence, give   |  |
| FULL NAME CAMERINE PC   | usual residence, give "Special Information" below.]  |  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX COLOR   | DATE OF (Month) (Day) (Year)   |  |
| truck There   | Do Dec 15 1968   |  |
| DATE OF (Month) (Day) (Year)  | AND THE PROPERTY OF THE PARTY O |  |
| March 15 1941   | I HEREBY CERTIFY, That I attended deceased from  |  |
| AGE   | Dre 15 1968, to Dre 19, 1968   |  |
| 77 9 0  | that I saw h, 21 alive on 15 th ,1965,   |  |
| YEARS. MONTHS, DAYS   | and that death occurred, on the date stated above, at  |  |
| WIDOWED, OR DIVERSED  | The CAUSE OF DEATH was as follows:   |  |
| " Gowea   | apoplexy   |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN    If married, age at (first) marriageyears | With the second  |  |
| Parent of   | good and the second or planting to be beginned.  |  |
| BIRTHPLACE (State or country)   |  |  |
| Hermany   | Carteria Sche  |  |
| NAME OF FATHER  | Contributory Carlo Sacros  |  |
| Hyo Mall  | (DURATION) DAYS  |  |
| BIRTHPLACE<br>OF FATHER   | (Signed) M.D.  |  |
| (State or country) Hrue any   | Dre 17190 8 (Address) Chelica Much   |  |
| MAIDEN NAME<br>OF MOTHER  |  |  |
| hukrown   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at   |  |
| BIRTHPLACE<br>OF MOTHER   | usual residence  |  |
| (State or country) Humany   | Where was disease contracted,  |  |
| OCCUPATION  | if not at place of death?  |  |
| Haurwell  | Shaw 41. Wash Co 1998 12 1968  |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                             | UNDERTAKER   |  |
| My Kalila   | Hrs. P. Stokban Chefren  |  |
| (Informant)   | Filed KTRUE COPY   |  |
| (Address) lellera much  | Dec /8 1968 OT Nove  |  |
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| PLACE OF DEATH   | STATE OF MICHIGAN  |
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| County of Masulzuan Depa   | rtment of State—Division of Vital Statistics   |
| Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or   | Registered No  |
| Village of or  | [If death occurred in  |
| City of(No   |  |
| 21074  | number If away from  |
| FULL NAME Rakes / or   | usual residence, give "Special Informa- tion" below.]                                  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| SEX COLOR  | DATE OF (Month) (Day) (Year)   |
| tomals While   | 1. 2 hus 1/ 1969   |
| DATE OF (Month) (Day) (Year)   | gril 1   |
| BIRTH 0  | I HEREBY CERTIFY, That I attended deceased from  |
| grant 1  | June // 1909, to June // 1907,   |
| AGE 15 Mune  | that I saw h 21 alive on 190   |
| Q YEARS, Q MONTHS, Q DAYS  | and that death occurred, on the date stated above, at 3. 13 M.                         |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   |
| THE RESIDENCE OF THE PARTY OF T | Veil of membrans over  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears   | 1 as Carlel and best   |
| REN 3  | fact, the  |
| Parent ofchildren, of whomare living   | - /  |
| BIRTHPLACE (State or country)  | (DURATION) J DAYS  |
| shough   | Contributory   |
| NAME OF FATHER   |  |
| Grorge Joth  | (DURATION)DAYS   |
| BIRTHPLACE<br>OF FATHER  | (Signed) M.D.  |
| (State or country) Augany  | 190 (Address) Heart Fales Much   |
| MAIDEN NAME<br>OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |
| Cinina Wo not know   | Former or How long at  |
| BIRTHPLACE   | usual residence  |
| OF MOTHER (State or country)   | Where was disease contracted,  |
| OCCUPATION   | if not at place of death?  |
|  | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 190 190                                      |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | UNDERTAKER ADDRESS   |
| BEST OF MY KNOWLEDGE AND BELIEF  | Detaile Police   |
| (Informant) J. Mc Col gan M.   | *Filed A TRUE COPY   |
| OG Constant  | Filed A TRUE COPY LOOVE  |
| (Address)  | Registrar  |
|  |  |

STATE OF MICHIGAN

MARGIN RESERVED FOR BINDING.

| PLACE OF DEATHSTATE OF MICHIGAN   |   |
|---|---|
| County of Mashlenau Department of State—Division of Vital Statistics                  |   |
| Township of Selvar TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER                  |   |
| Village of  | Registered No.  |
| or  | [If death occurred in a Hospital or Institu-  |
| City of (No,  | St.; Ward) tion, give its NAME instead of street and number. If away from                 |
| FULL NAME Dia Edward  | Watkius number. If away from usual residence, give "Special Information" below.]          |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| Malz Phile  | DATE OF (Month) (Day) (Year)  July (Year)   |
| DATE OF (Month) (Day) (Year)  Left 2/ 1869  | I HEREBY CERTIFY, That I attended deceased from   |
| AGE 44 // 23  | that I saw h un alive on fully 4 ,190 9,  |
| YEARS, MONTHS, DAYS   | and that death occurred, on the date stated above, at                                     |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:  |
| AGE AT MARRIAGE, NUMBER OF CHILD- REN  Parent of                                      | fractures of body and de  |
| (State or country)  | bruder rung our (DURATION) DAYS   |
| NAME OF FRANK Markenis  | Contributory (DURATION) DAYS  |
| BIRTHPLACE OF FATHER (State or country) NEW Gook                                      | (Signed) La Chier M.D. 7/14 190 9 (Address) Chieftra Miles                                |
| MAIDEN NAME OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:     |
| BIRTHPLACE OF MOTHER (State or country) New York                                      | Former or How long at usual residence place of death? Days  Where was disease contracted, |
| Tarmer  | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  PLACE OF BURIAL OR REMOVAL SULLY 1969          |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | UNDERTAKER ADDRESS Chilsea  |
| (Address) Children Mich   | Fried ATRUE COPY Soover   |
|   | Registrar   |

| PLACE OF DEATH STATE OF MICHIGAN                                      |  |
|---|--|
| County of Mashtenard Department of State—Division of Vital Statistics |  |
| Township of Sylvan TRANSCRIPT   | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |
| or  | Registered No.   |
| Village of or (No   | St; Ward) a Hospital or Institu-   |
| City of   | number. If away from   |
| FULL NAME Mahaska   | "Special Information" below.]  |
| PERSONAL AND STATISTICAL PARTICULARS                                  | MEDICAL CERTIFICATE OF DEATH   |
| SEX COLOR -   | DATE OF (Month) (Day) (Year)   |
| Frunde Mule   | aug, +7 / 1 196 9  |
| DATE OF (Month) (Day) (Year)  | I HEREBY CERTIFY, That I attended deceased from  |
| august 31 886   | aug /7 1969, to aug /7, 1964   |
| AGE   | that I saw h Za alive on Aug 17 1969,  |
| 32 YEARS // MONTHS DAYS   | and that death occurred, on the date stated above, at                                  |
| SINGLE, MARRIED.<br>WIDOWED, OR DIVORCED                              | The CAUSE OF DEATH was as follows:   |
| Mariza  | Personles, Cause   |
| AGE AT MARRIAGE. If married, age at (first) marriage                  | whown  |
| Parent of   |  |
| BIRTHPLACE (State or country)   | (DURATION) DAYS  |
| NAME OF   | Contributory   |
| FATHER PARIS Pavison  | (DURATION) DAYS  |
| BIRTHPLACE  | (Signed) H. Palur M.D.   |
| Of FATHER (State or country) Ohio                                     | auf 990 9 (Address) Chelsey Mich.  |
| MAIDEN NAME OF MOTHER 3   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |
| Maluda Sullow   | Former or How long at place of death? Days   |
| BIRTHPLACE<br>OF MOTHER<br>(State or country)                         | Where was disease contracted,  |
| OCCUPATION  | if not at place of death?  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL                  |
| Fam. Wife   | Latter Chie 190  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                 | UNDERTAKER III ADDRESS   |
| Da Taulo  | S. a. Majes Melsea, min  |
| (Informant)   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| (Address) Cucusta, Mula   | Registrar  |

| PLACE OF DEATH STATE OF MICHIGAN   |   |  |
|--|---|--|
| County of 1/2 2/1/2 Depart   | tment of State—Division of Vital Statistics   |  |
| Township of Sylvan TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER  |  |
| or   | Registered No.  |  |
| Village of   | [If death occurred in   |  |
| City of(No   | St.; Ward) a Hospital or Institu-<br>tion, give its NAME                              |  |
| City of (No. St.; Ward) a lion, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.] |   |  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |  |
| sex male Thite   | DATE OF DEATH  (Month)  (Day)  (Year)  190  |  |
| DATE OF (Month) (Day) (Year)  52/1/46 /6 1878  | I HEREBY CERTIFY, That I attended deceased from                                       |  |
| AGE  | Q1. 1 21/ 2019  |  |
| 40 YEARS // MONTHS, DAYS   | and that death occurred, on the date stated above, at 334 M.                          |  |
| SINGLE, MARRIED,<br>WIDQWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:  |  |
| Marned   | acite murcadilis well   |  |
| AGE AT MARRIAGE,   | 17/1 - 6  |  |
| NUMBER OF CHILD- REN    If married, age at (first) marriageyears   Parent of.,children, of whomare living                                    | allatur, cause marquies   |  |
| (State or country) Muchigan  | (DURATION) DAYS   |  |
| NAME OF FATHER TO WANTED   | Contributory  |  |
| BIRTHPLACE , D   | (Girmed) & J. Bush M.D.   |  |
| OF FATHER (State or country) Michigan  | aug 26 190 9 (Address) Chelsen Mud  |  |
| MAIDEN NAME OF MOTHER COLLEGE  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: |  |
| BIRTHPLACE   | Former or now long at usual residence place of death? Days                            |  |
| OF MOTHER (State or country) Muchigan  | Where was disease contracted, if not at place of death?                               |  |
| OCCUPATION   | PLACE OF BURIAL OR REMOVAL  |  |
| Fair   | Oak Gove Chelson ang. 27 1969   |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  | UNDERTAKER  |  |
| (Informant) Mus B. C. Mulaken  | S. a. Mapres Chelsea  |  |
| 01.0.  | Filed A TRUE COPY   |  |
| (Address) Calletta Mula  | Registrar   |  |

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| PLACE OF DEATH S   | TATE OF MICHIGAN   |  |
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| County of Mushilian Department of State—Division of Vital Statistics |  |  |
| Township of Sylvav TRANSCRIPT  | OF CERTIFICATE OF DEATH—LOCAL REGISTER   |  |
| Village of   | Registered No. 3   |  |
| or   | St.; Ward) [If death occurred in a Hospital or Institution, give its NAME              |  |
| City of (No  | St.; Ward) tion, give its NAME instead of street and number. If away from              |  |
| FULL NAME Flora Luli   | usual residence, give "Special Information" below.]                                    |  |
| PERSONAL AND STATISTICAL PARTICULARS                                 | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX COLOR  | DATE OF (Month) (Day) (Year)   |  |
| Frank Mulz   | aug 30 30 1969   |  |
| DATE OF (Month) (Day) (Year)   | I HEREBY CERTIFY, That I attended deceased from  |  |
| March 25 1877  | aug. 28 1969, to aug. 30, 1969,  |  |
| AGE 1/0 5 9  | that I saw h Za alive on Gug, 29, 1909,  |  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at / D. A. M.                       |  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED                                | The CAUSE OF DEATH was as follows:   |  |
| namea  | Placenta Frachu  |  |
| NUMBER OF CHILD- REN  If married, age at (first) marriageyears       | Carsagian operation with   |  |
| Parent ofchildren, of whomare living                                 | resulting pertouries   |  |
| BIRTHPLACE (State or country) Muchina                                | (DURATION)   |  |
| NAME OF  | Contributory Fruonhage   |  |
| FATHER Frz 2 Bohhz   | (DURATION)DAYS   |  |
| BIRTHPLACE<br>OF FATHER  | (Signed) M.D.  |  |
| (State or country) Hermany   | 190 (Address)  |  |
| MAIDEN NAME<br>OF MOTHER   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents : |  |
| Christina Meusling   | Former or How long at  |  |
| BIRTHPLACE<br>OF MOTHER<br>(State or country)                        | usual residence place of death? Days   |  |
| - Tomany   | Where was disease contracted, if not at place of death?                                |  |
| La nanti Wife  | PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  190 9                      |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE                | UNDERTAKER ADDRESS   |  |
| BEST OF MY KNOWLEDGE AND BELIEF                                      | S.a. Mahis   |  |
| (Informant) (Informant)  | Filed A TRUE COPY  |  |
| (Address) Welsza, Much   | GOLL 3 190 9 Registrar   |  |
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MARGIN RESERVED FOR BINDING.

| PLACE OF DEATH   | TATE OF MICHIGAN   |  |
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| County of fasultuan Department of State—Division of Vital Statistics   |  |  |
| Township of Sylvan TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER   |  |  |
| or<br>Village of   | Registered No.   |  |
| Or Allenda All | [If death occurred in a Hospital or Institu-   |  |
| City of (No  | St.; Ward)  instead of street and number. If away from   |  |
| FULL NAME Paul ambro   | number. If away from usual residence, give "Special Information" below.]   |  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX Mals Pluts   | DATE OF (Month) (Day) (Year)   |  |
| DATE OF (Month) (Day) (Year)   |  |  |
| Still born 1   | I HEREBY CERTIFY, That I attended deceased from  |  |
| AGE  | that I saw h alive on ,190 ,   |  |
| YEARS, MONTHS, DAYS  | and that death occurred, on the date stated above, at  |  |
| SINGLE, MARRIED,<br>WIDOWED, OR DIVORCED   | The CAUSE OF DEATH was as follows:   |  |
| WIBOWED, OR ENVIRONE   | Stillborn  |  |
| AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriageyears   | Comment (and Marga (March)) 57 (A MARCA AND A  |  |
| Parent of  | The state of the s |  |
| BIRTHPLACE (State or country)  | (DURATION) DAYS  |  |
| Michigan   | (BURATION)   |  |
| NAME OF Patrick Lungains   | Contributory   |  |
| BIRTHPLACE   | (Signed) M.D.  |  |
| (State or country) Chelsen Much  | 190(Address)   |  |
| MAIDEN NAME OF MOTHER LIVE : Sheemen   | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  |  |
| BIRTHPLACE   | Former or now long at usual residence place of death? Days   |  |
| OF MOTHER (State or country)   | Where was disease contracted,  |  |
| OCCUPATION   | if not at place of death?  |  |
| A Voide of Association and Ass | Milleury Chrise Date of Burial 190   |  |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  | UNDERTAKER Slaffan ADDRESS   |  |
| (Informant)  | Filed / L/ O A TRUE CORY   |  |
| (Address) Chilago  | Registrar  |  |

## THIS PORTION TO BE FILLED OUT BY THE LICENSED EMBALMER AND FILED WITH THE LOCAL REGISTRAR.

| This is to certify that I, Danuel G. Mafro, residing at   |
|---|
| Ohulsea. Wich., hold embalmer's license No. 638, issued by the Michigan   |
| State Board of Health, which has been renewed and is in force until July 31, 1909. The above being a copy of      |
| my renewal for filing with the local registrar in accordance with provisions of Act 132, Laws of 1903, as amended |
| by Act 151, Laws of 1907.   |

Signed Danniel G. Ma

Licensed Embalmer.

## THIS PORTION TO BE FILLED OUT BY THE LICENSED EMBALMER AND FILED WITH THE LOCAL REGISTRAR.

This is to certify that II., hold embalmer's license No. 653, issued by the Michigan State Board of Health, which has been renewed and is in force until July 31, 1909. The above being a copy of my renewal for filing with the local registrar in accordance with provisions of Act 132, Laws of 1903, as amended by Act 151, Laws of 1907.

Signed Licensed Embalmer.

## Extracts from Public Act No. 217 of 1897 (Compiled Laws of 1897, Secs. 4614-4620).

AN ACT to provide for the registration of deaths in Michigan and requiring certificates of death.

Section 1. The People of the State of Michigan enact, That the body of no person whose death occurs in the State shall be interred, deposited in a vault or tomb or otherwise disposed of, or removed from the township, village or city in which the death occurred, until a permit for burial or removal shall have been properly issued by the clerk of the township, village or city in which the death occurs, who shall be the registrar of deaths.

Sec. 2. Whenever any person shall die, the undertaker, householder, relative, friend, manager of institution, sexton or other person superintending the burial of said deceased person, shall cause a certificate of death to be filled out with all of the personal and family particulars required in section three of this act, and attested by the signature of a relative or some competent person acquainted with the facts. The physician who attended the deceased person during his last illness shall fill out the medical certificate of cause of death, which death certificate shall be delivered to the registrar within the time designated, if any, by the local board of health. In case of death without the attendance of a physician, or if it shall appear probable that the deceased person came to his death by unlawful or suspicious means, then the registrar shall refer the certificate to the health officer or coroner for immediate investigation and report prior to issuing the permit: Provided, That when the health officer is not a physician, and only in such case, the registrar is authorized to insert the facts relating to the cause of death from statements of relatives or other competent testimony. Upon the presentation of a certificate of death properly filled out and signed, the registrar shall issue a permit for the burial or removal of the body, and shall immediately record the death in the register of deaths, numbering all certificates consecutively in the order in which they are received, beginning with number 1 for the first death that occurs in each year. In deaths from dangerous communicable diseases, burial or removal permits shall be granted by the registrar only in accordance with the rules of the local board of health and of the State Board of Health relating thereto. The sexton or other person having charge of the interment or final disposition of the body shall retain the burial permit when presented to him by the undertaker: Frovided, That when a body is shipped the removal permit shall be presented by the undertaker or other person shipping the same to the agent of the transportation company, and shall be attached by him, with the transit permit, to the box containing the body, to accompany the same to destination, and no transit permit shall be issued or received by any transportation company for the shipment of a body unless accompanied by the registrar's removal permit.

Sec. 4. Registers of death shall be supplied by the Secretary of State to registrars for recording certificates of death, together with all blanks required for the execution of this act. On the fourth day of each month the registrar of each township, village and city shall promptly transmit to the Secretary of State, in an official envelope provided by the State, and stamped with one full letter stamp, all the certificates of death filed in his office during the preceding calendar month, with a statement of the number of deaths.

so reported. If no deaths occurred, he shall make a return to that effect upon a postal card blank.

Sec. 6. Any official failing or refusing to perform his duty under this act, or any undertaker violating any of its provisions shall, upon conviction thereof, be deemed guilty of a misdemeanor, and shall be punished by a fine of not less than five dollars and not exceeding one hundred dollars, or be imprisoned in the county jail not exceeding thirty days, or suffer both fine and imprisonment at the discretion of the court. Local registrars shall see that the provisions of this act are enjoyed in their jurisdictions; the Secretary of State shall be charged with the general execution of the law and shall have supervisory power over registrars, to the end that this act shall be uniformly and effectually executed throughout the State. Prosecuting attorneys shall, upon the request of a local registrar, or of the Secretary of State, assist in the enforcement of the provisions of this act.

Copies of the Registration Law will be supplied by the Secretary of State on application.