	THE REAL PROPERTY.		a la y			<u> </u>					大支		
	LF		世面割			FMICHIGAN							
FRINK	CF 02	906				COMMUNIT TE OF DE				STATE FILE	750		
	I. DECEDENT'S NAME FEW	Middle, Last)	REDMOND	S	R. JUI	OF BIRTH (Month, D.	The second secon	SEX	4. DATE	OF DEATH (M	2013		
CEDENT	5. NAME AT BIRTH OR OTHE	ER NAME USED FOR I	PERSONAL BUSINES	SS (include AKA's if any		6n. AGE - Last (Yeurs)	t Birthday 6	b. UNDER I Y	EAR	Se. UND	RIDAY		
	7a. LOCATION OF DEATH (EX IN	ner place officially pronound ISTITUTION - Name (if	rceit dead in 7a, 7b, 7c) I not in either, give street and	d number and zip vade)		7b. CITY, VILLAG				COUNTY OF I	MINUTES		
G	HENRY  8a. CURRENT RESIDENCE -		HOSPITATA 8c. LO	OCALITY (check the b	bux that describes the h	D	BTROIT			WAY	NE		
C	MICHIGAN Se ZIP CODE		E SE	CITY OR VIELAGE instile fimits of)		UNINCORPORATED PLAT	9900	ET AND NUMB  MIN		lpt. Na. Wapplical	lej		
	48228	BIRTHPLACE (City and S CLIZABETI		RSEY	· · · · · · · · · · · · · · · · · · ·	10. SOCIAL SECUR		11, DECEDI degree or	ENT'S EDU	competen at the h	is the highest ne of death?		
G	BLACK	etc.) (Enter all that apply)		NCESTRY - Mexicul	AN-AME	a, English, French, Dutch, ner principal tribe	ate 11	THE PANIC O	KIKIN 14	RADE	MED VOWERS		
	15. USUAL OCCUPATION Give kind during unast of working life. Do not ELECTRICIA	De la	16. KIND OF BUSINI	ESS OR INDUSTRY	Y 17.	MARITAL STATUS ver Married, Widowed, D eciffy DIVOR	- Married, 18.1	NAME OF SUR	VIVINO SP		ve name trefuse		
PARENTS	19. FATHER'S NAME (First, Middle RAYMOND	, East)	REDMOND		20. MOTHER'S	NAME BEFORE F	IRST MARRIE						
	218. INFORMANT'S NAME (Type	(Print)	21b. RELA DEC	ATIONSHIP TO CEDENT	21c. MAILING	ARY ADDRESS (Street and	d Number or Rural						1
<b>\</b>	AUTUMN  22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation	REDMOND  23a. PLACE OF	F DISPOSITION (Num	GHTER  Te of Cemetery, Cremato	STATE OF THE PARTY	MINOCK		ROIT, I	a sand	S. S. SAND	4822	8	
SITION _	CREMATION  4. SIGNATURE OF MORTUARY	MEADO	WCREST			ATORIUM	1	DETRO	OIT,	AICHI(	GAN		
	David L. E.		(of Lieu	ise number 2	22401		TUNERA RIVER		· " — "	OME OIT, M	I. 48	219	
27	7a. CERTIFIER (Check only one)  Certifying Physician - To the best manner stated.		occurred due to the cause(	Control of the Contro	28a. ACTUAL OR TIME OF DE		(Mo. Day Yr.	29.2	The state of the second	DEAD	RONOUNCED	5	
	Medical Examiner - On the basis occurred at the time, days, and place	, and due to the cause(s) ar	any manner/stated.	3	29. MEDICAL EX CONTACTED? (Ye		ACE OF DEAT	H (Home, Hospice Imbulance) (Specifi	31.	IF HOSPITAL	n, DOA (Specify)	tient.	
CATION 27	Signature and Title  7b. DATE SIGNED (Mo., Day, Yr.)	Lonias T27c. LI	ICENSE NUMBER		The same of the sa	AMINER'S CASE	OFF	ME OF ATTENE ATIFIER (Type or	ING PHYS		TERTHAN		
1	May 1 7013	2	11027		NUMBER	(if applical	ole) CEN	CHUICK (Tipen	LIMIT			THE CASE OF THE PARTY OF THE PA	
34	NAME AND ADDRESS OF C	The state of the s	CIAN (Type or Print)	1			0	44 4	143	11	- NO-	202	1
34. T	homas Palm	ERTIFYING PHYSIC	CIAN (Type of Print) 2799W	estGr	andB	oulevan	De PATEFILIP	troit	Mic	higa	n 48	202	
34. 35a.	LAME AND ADDRESS OF COMMAND AND PAINTERS.  REGISTRAR'S SIGNATURE	ERTIFYING PHYSIC ECHD, 3	or complications - th	La Lutte hat directly caused	and B.	ou levan	IAY I	7 301	3		Approxi	mate Between	
34. 35a. 36. P.	PART I. Enter the chain of even or ventricular fibrillation without betes was an immediate,	ermo, and a seases, injuries, t showing the etiology.	or complications - the contract of the contrac	hat directly caused use on a line.	and Both the death. Dong	Jenter terminal ex	IAY I	7 301	3		Approxi	mate	5
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Death Records

THE BACK OF THIS PAPER CONTAINS A WATERMARK - HOLD AT LIGHT TO VIEW