

CERTIFICATION OF VITAL RECORD

STATE OF MAINE

CERTIFIED ABSTRACT OF A CERTIFICATE OF DEATH
DEPARTMENT OF HUMAN SERVICES

Bk 1 Pg 74

DECEDENT
PERSONAL
DATA

FULL NAME OF DECEASED
Jennie Finnemore
PLACE OF DEATH
Limestone

DATE OF DEATH
June 30, 1932
DATE OF BIRTH
1870

SOCIAL SECURITY NUMBER

SEX
Female

FATHER'S NAME
Hiram H. Paul

MOTHER'S MAIDEN NAME
Francis Willey

INFORMANT

NAME OF INFORMANT
A.H. Damon, M.D.

ADDRESS
Limestone

CAUSE(S)
OF
DEATH

Cerebral Hemorrhage

Age : 61 years, 9 mo., 23 days

CERTIFICATION

NAME OF PHYSICIAN OR MEDICAL EXAMINER CERTIFYING DEATH
A.H. Damon, M.D.

DATE SIGNED
1932

DISPOSITION

NAME OF CEMETERY OR CREMATORY
Webster

CITY OR TOWN
Limestone

STATE
Maine

NAME OF CLERK RECORDING THIS DEATH
Warren M. Noyes

CITY OR TOWN
Limestone

DATE OF FILING
1932

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

ATTEST: *Mauden M. Dwyer, Deputy* STATE REGISTRAR/MUNICIPAL CLERK
DATE ISSUED: July 2, 1999 TOWN OF: Limestone

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

