

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

M. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I PLACE OF DEATH

STATE OF MICHIGAN

County Eaton *Clark 2/5/34*  
Township Vermontville *all prior*  
Village Vermontville

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 2

City Vermontville Mich. (No.        St.        Ward       )  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Matzilda A. Brewer

(a) Residence, No. Vermontville Mich. St., Ward.         
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widow

16 DATE OF DEATH (Month, day and year) Feb 2 1934

5a If married, widowed, or divorced HUSBAND of Edward E Brewer (or) WIFE of       

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1934, to Feb 2, 1934 that I last saw her alive on Feb 2, 1934 and that death occurred on the date stated above at 8:30 P.M.

6 DATE OF BIRTH (Month, day and year.) Feb 27 - 1858

The CAUSE OF DEATH\* was as follows:  
Apoplexy

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.  
77 11 4

(duration) .....yrs.....mos.....ds. 5

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (Secondary) (duration) .....yrs.....mos.....ds.

9 BIRTHPLACE (city or town) St. Peters Minn. (State or country)

18 Where was disease contracted If not at place of death?.....

10 NAME OF FATHER William M Mills

Did an operation precede death?..... Date of.....

11 BIRTHPLACE OF FATHER (city or town) St Thomas Canada (State or country)

Was there an autopsy?.....

12 MAIDEN NAME OF MOTHER Ernie Graham

What test confirmed diagnosis? (Signed) C. K. McLaughlin M. D. , 19       , Address Vermontville

13 BIRTHPLACE OF MOTHER (city or town) Canada (state or country)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

14 Informant Edward A Brewer (Address) Vermontville Mich

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Grand Rapids Date of Burial Feb 4 1934

15 Filed Feb 3, 1934 L. H. White Registrar.

20 UNDERTAKER Fra W. Bidwell Address Grand Rapids

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