

PLACE OF DEATH  
County of Eaton  
Township of \_\_\_\_\_  
or  
Village of Vermontville  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7  
[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.]

FULL NAME Lena K Warner

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>white</u>
DATE OF BIRTH (Month) <u>March</u> (Day) <u>24</u> (Year) <u>1883</u>	
AGE <u>25</u> YEARS, <u>3</u> MONTHS, <u>6</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>23</u> years Parent of <u>1</u> children, of whom <u>1</u> are living	
BIRTHPLACE (State or country) <u>Michigan</u>	
NAME OF FATHER <u>Albert F Lutz</u>	
BIRTHPLACE OF FATHER (State or country) <u>New York</u>	
MAIDEN NAME OF MOTHER <u>Alice B Kauffman</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Ohio</u>	
OCCUPATION <u>Housekeeper</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) <u>E F Lutz</u> (Address) <u>Vermontville</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>June</u> (Day) <u>30</u> (Year) <u>1908</u>
I HEREBY CERTIFY, That I attended deceased from <u>June 15</u> 190 <u>8</u> , to <u>June 30</u> , 190 <u>8</u> , that I saw h <u>er</u> alive on <u>June 30</u> , 190 <u>8</u> , and that death occurred, on the date stated above, at <u>9 a. M.</u> The CAUSE OF DEATH was as follows: <u>Rosetonia caused by</u> <u>Premature Birth</u>
(DURATION) _____ DAYS
Contributory <u>Smallpox</u> (DURATION) <u>15</u> DAYS
(Signed) <u>J D McEachran</u> M. D. <u>June 30 1908</u> (Address) <u>Vermontville</u>
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: Former or usual residence _____ How long at _____ place of death? _____ Days Where was disease contracted, if not at place of death? _____
PLACE OF BURIAL OR REMOVAL <u>Woodlawn Cemetery</u> DATE OF BURIAL <u>June 30</u> , 190 <u>8</u>
UNDERTAKER <u>W E Hammond</u> ADDRESS <u>Vermontville</u>
Filed <u>June 30</u> 190 <u>8</u> A TRUE COPY <u>D R Lirley</u> Registrar

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

MARGIN RESERVED FOR BINDING.

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