

County of Eaton

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village of Vernonville

Registered No. 6

City of _____ (No. _____ St.; _____ Ward)

[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 Archie Mason Mauley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR White

DATE OF DEATH (Month) July (Day) 21 (Year) 1909

DATE OF BIRTH (Month) Oct (Day) 9 (Year) 1879

I HEREBY CERTIFY, That I attended deceased from July 10 1909, to July 21 1909, that I saw him alive on July 21 1909, and that death occurred, on the date stated above, at 6 P M.

AGE 29 YEARS, 9 MONTHS, 22 DAYS

The CAUSE OF DEATH was as follows:

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

Appendicitis

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 29 years Parent of 1 children, of whom 1 are living

(DURATION) 10 DAYS

BIRTHPLACE (State or country) Mich

Contributory Peritonitis General

NAME OF FATHER Stephen Mauley

(DURATION) _____ DAYS

BIRTHPLACE OF FATHER (State or country) Ohio

(Signed) C L D M Laughlin M. D.

MAIDEN NAME OF MOTHER Susan Hilliard

July 23 1909 (Address) Vernonville

BIRTHPLACE OF MOTHER (State or country) Perm

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

OCCUPATION Domestic

Former or usual residence _____ How long at place of death? _____ Days

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Where was disease contracted, if not at place of death? _____

(Informant) Mrs Willitts

PLACE OF BURIAL OR REMOVAL Woodlawn Embury DATE OF BURIAL July 23 1909

(Address) Vernonville

UNDERTAKER C E Hammond ADDRESS Vernonville

Filed July 23 1909 A TRUE COPY C E Hammond Registrar

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

MARGIN RESERVED FOR BINDING.

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