

County of Eaton

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of
or
Village of Vermontville
or
of (No. _____ St.; _____ Ward)

Registered No. 8
[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 Mrs Hannah Russell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) April (Day) 27 (Year) 1831

AGE 78 YEARS, 5 MONTHS, 4 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 24 years
Parent of 5 children, of whom 4 are living

BIRTHPLACE (State or country) Ohio

NAME OF FATHER Samuel Craig

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Nancy Riley

BIRTHPLACE OF MOTHER (State or country) Vermont

OCCUPATION Housekeeper

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

(Informant) Mrs J. L. Downing
(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Oct (Day) 1 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Sept 25 1909, to Oct 1 1909, that I saw her alive on Oct 1st 1909, and that death occurred, on the date stated above, at 11 P M.

The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

(DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) H. S. Snell M. D.
Oct 7 1909 (Address) Vermontville

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 Welch Cemetery DATE OF BURIAL Oct 3 1909

UNDERTAKER C. E. Hammond ADDRESS Vermontville

Filed Oct 2 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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