

County of Canton

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village of Vernonville

Registered No. 7

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 Sarah Rosanna Bule

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>		
DATE OF BIRTH	(Month) <u>Aug</u>	(Day) <u>26</u>	(Year) <u>1831</u>
AGE	<u>78</u> YEARS, <u>1</u> MONTHS, <u>2</u> DAYS		
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage... <u>16</u> years Parent of... <u>6</u> children, of whom <u>4</u> are living			
BIRTHPLACE (State or country) <u>New York</u>			
NAME OF FATHER <u>Geo Summitt</u>			
BIRTHPLACE OF FATHER (State or country) <u>Prov of Ontario</u>			
MAIDEN NAME OF MOTHER <u>Rosanna Parmalee</u>			
BIRTHPLACE OF MOTHER (State or country) <u>New York</u>			
OCCUPATION <u>Housekeeper</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant) <u>Charlie Bule</u>			
(Address) <u>Vernonville M</u>			

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Sept</u>	(Day) <u>28</u>	(Year) <u>1909</u>
I HEREBY CERTIFY, That I attended deceased from <u>April 23</u> 1909, to <u>Sept 28</u> 1909, that I saw her alive on <u>July 19</u> 1909, and that death occurred, on the date stated above, at <u>10:30 P.M.</u>			
The CAUSE OF DEATH was as follows: <u>Result of broken hip joint & malignant tumor</u>			
(DURATION) DAYS			
Contributory (DURATION) DAYS			
(Signed) <u>C. B. M. Laughlin</u> M. D. <u>Sept 29</u> 1909 (Address) <u>Vernonville</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 Cem</u>	DATE OF BURIAL <u>Sept 30</u> 1909		
UNDERTAKER <u>C. Hammond</u>	ADDRESS <u>Vernonville</u>		
Filed <u>Sept 29</u> 1909 A TRUE COPY <u>C. H. Hallenbeck</u> Registrar			

MARGIN RESERVED FOR BINDING. MARGIN RESERVED FOR BINDING.

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