

County of Calumet

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of Vernonville

Registered No. 10

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 Anastasia Mahan

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

MARGIN RESERVED FOR BINDING.

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Form 93—11-05-500 bks., 100 pages.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR white

DATE OF BIRTH (Month) (Day) (Year)
unknown 1 _____

AGE About 75 YEARS MONTHS DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage 18 years
Parent of 7 children, of whom 5 are living

BIRTHPLACE (State or country) Ireland

NAME OF FATHER Wm. Tabric

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION house keeper

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Nov 16 1909

I HEREBY CERTIFY, That I attended deceased from Oct 19 1909, to Nov 12 1909, that I saw her alive on Nov 12 1909 and that death occurred, on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH was as follows:
hephtitis
1 year (DURATION) DAYS

Contributory _____ (DURATION) DAYS

(Signed) J. D. McEachron M. D.
190 (Address) Vernonville

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 Louisa Mich DATE OF BURIAL Nov 19 1909

UNDERTAKER C. E. Hammond ADDRESS Vernonville

Filed Nov 18 1909 A TRUE COPY
C. E. Sallentrick Registrar

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

(Informant) Michael Mahan
(Address) Vernonville