

County of Clinton

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of Vermontville

Registered No. 4

City of _____ (No. South main 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 Harriet P. Thompson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR White
DATE OF BIRTH (Month) May (Day) 4 (Year) 1841

DATE OF DEATH (Month) March (Day) 18 (Year) 1910

AGE 68 YEARS 10 MONTHS 11 DAYS

I HEREBY CERTIFY, That I attended deceased from Feb 16 1910, to March 14 1910, that I saw her alive on March 14 1910, and that death occurred, on the date stated above, at 1am. The CAUSE OF DEATH was as follows:

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

Gastritis
(DURATION) _____ DAYS

BIRTHPLACE (State or country) Vermontville Mich
Horse Falls New York

Contributory _____ (DURATION) _____ DAYS

NAME OF FATHER Wells R Martin

(Signed) J. D. McEachern M. D.
March 16 1910 (Address) Vermontville

BIRTHPLACE OF FATHER (State or country) Horse Falls New York

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at place of death? _____ Days

MAIDEN NAME OF MOTHER Emily Robinson

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

BIRTHPLACE OF MOTHER (State or country) Bunington Vermont

PLACE OF BURIAL OR REMOVAL Flint Mich DATE OF BURIAL Mar 18 1910

OCCUPATION Housekeeper

UNDERTAKER C. E. Hammond ADDRESS W. Hill

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

(Informant) Henry J. Martin
(Address) Vermontville

Filed March 16 1910 A TRUE COPY C. C. Hallenback
Registrar

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 bks., 100 pages.