

PLACE OF DEATH
County of Putnam

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

Township of _____
or
Village of Vermontville
or

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

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

[If death occurred in a Hospital or Institution, give its Name instead of street number. If away from usual residence, give "Special Information" below.]

FULL NAME Martha Jones Martie

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Jan</u> (Day) <u>5</u> (Year) <u>1835</u>	
AGE <u>75</u> YEARS _____ 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 _____ years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Penna</u>	
NAME OF FATHER <u>John Jones</u>	
BIRTHPLACE OF FATHER (State or country) <u>Penna</u>	
MAIDEN NAME OF MOTHER <u>Mary Ann McLean</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Virginia</u>	
OCCUPATION <u>Housewife</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>Jessie Martie</u>	
(Address) <u>Vermontville</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>Feb</u> (Day) <u>7</u> (Year) <u>1900</u>
I HEREBY CERTIFY, That I attended deceased from <u>July 15</u> 19 <u>99</u> , to <u>Feb 7</u> 19 <u>00</u> , that I saw her alive on <u>Jan 15</u> 19 <u>00</u> , and that death occurred, on the date stated above, at <u>9 A.M.</u> The CAUSE OF DEATH was as follows: <u>Cancer of breast</u>
Contributory _____ (DURATION) _____ DAYS
(Signed) <u>J. M. Eachus</u> M. D. <u>190</u> (Address)
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: Former or usual residence _____ How long at _____ place of death? Where was disease contracted, if not at place of death? _____
PLACE OF BURIAL OR REMOVAL <u>Woodlawn Ceme</u> DATE OF BURIAL <u>Feb 9</u> 19 <u>00</u>
UNDERTAKER <u>C. E. Hammered</u> ADDRESS <u>Vermontville</u>
Filed <u>Feb 8</u> 19 <u>00</u> A TRUE COPY <u>C. E. Hallenbeck</u> Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

118