

County of Calhoun

Department of State—Division of Vital Statistics

Township of _____
or
Village of Vermontville
or
City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

[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 Lucile Marie Dean

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) Mar (Day) 27 (Year) 1904

AGE 6 YEARS 5 MONTHS 13 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

BIRTHPLACE (State or country) Mich

NAME OF FATHER Wm Dean

BIRTHPLACE OF FATHER (State or country) Mich

MAIDEN NAME OF MOTHER Lucinda Sharp

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION Student

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

(Informant) Wm Dean
(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) September (Day) 10 (Year) 1900

I HEREBY CERTIFY, That I attended deceased from Sep 7 1900, to Sep 10 1900, that I saw her alive on Sep 10 1900, and that death occurred, on the date stated above, at 9:30 P.M.
The CAUSE OF DEATH was as follows:

Dysentery

Contributory _____ (DURATION) _____ DAYS

(Signed) J. D. McEachern M. D.
Sep 10 1900 (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 Kalamazoo Cem DATE OF BURIAL 10-13 1900

UNDERTAKER C. Hammond ADDRESS W. Hill

Filed Sep 13 1900 A TRUE COPY C. Hammond Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.