

County of Easton

Department of State—Division of Vital Statistics

Township of .....

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of Vermontville

or

City of .....

(No. .... St.; .... Ward)

Registered No. 13

[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 Mary Morris

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)  
Don't know 1.....AGE 71 YEARS MONTHS DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED MarriedAGE AT MARRIAGE, NUMBER OF CHILDREN  
If married, age at (first) marriage ..... years  
Parent of ..... children, of whom ..... are livingBIRTHPLACE (State or country) IrelandNAME OF FATHER Gas HickeyBIRTHPLACE OF FATHER (State or country) IrelandMAIDEN NAME OF MOTHER Mary CrokeBIRTHPLACE OF MOTHER (State or country) IrelandOCCUPATION Housewife

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

(Informant) Will Hickey(Address) V-trill

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
Oct 3 1910

I HEREBY CERTIFY, That I attended deceased from Oct 1 1910, to Oct 3<sup>rd</sup> 1910, that I saw her alive on Oct 2 1910, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. D. McEachran M. D.Oct 3 1910 (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 Union Mt DATE OF BURIAL Oct 3<sup>rd</sup> 1910UNDERTAKER C. E. Hammond ADDRESS 48 HillFiled Oct 4 1910 A TRUE COPY C. E. Hammond Registrar

MARGIN RESERVED FOR BINDING.

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