

County of Centon

Department of State—Division of Vital Statistics

Township of _____
or
Village of Vernonville
or
City of _____ (No. _____ St.; _____ Ward)

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

[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 Eckhart

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) Sep (Day) 29 (Year) 1910
AGE 6 hrs
YEARS _____ MONTHS _____ DAYS _____

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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 Edward Eckhart

BIRTHPLACE OF FATHER (State or country) Mich

MAIDEN NAME OF MOTHER Lenora Polhemus

BIRTHPLACE OF MOTHER (State or country) Mich

OCCUPATION _____

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

(Informant) Edward Eckhart
(Address) Vernonville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Sep (Day) 29 (Year) 1910

I HEREBY CERTIFY, That I attended deceased from Sep 29 1910, to Sep 29 1910, that I saw her alive on Sep 29 1910, and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH was as follows:

Lack of vitality

(DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) J. D. McEachran M. D.
Oct 3 1910 (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 Private DATE OF BURIAL Sep 29 1910

UNDERTAKER Dr. Underhues ADDRESS _____

Filed Oct 3 1910 A TRUE COPY E. C. Halliburton Registrar

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

MARGIN RESERVED FOR BINDING.

Form 103-11-05-500 bks., 100 pages

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