

County of Easton

Department of State—Division of Vital Statistics

Township of \_\_\_\_\_

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village of Vermontville

Registered No. 135

City of \_\_\_\_\_ (No. \_\_\_\_\_ 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 Charlotte Elizabeth Gurn

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX	<u>Female</u>	COLOR	<u>White</u>
DATE OF BIRTH	(Month) <u>Jan</u>	(Day) <u>22</u>	(Year) <u>1844</u>
AGE	<u>66</u> YEARS, <u>10</u> MONTHS, <u>5</u> DAYS		
SINGLE, MARRIED, WIDOWED, OR DIVORCED	<u>Widowed</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>England</u>		
NAME OF FATHER	<u>Wm Harris</u>		
BIRTHPLACE OF FATHER (State or country)	<u>England</u>		
MAIDEN NAME OF MOTHER	<u>Charlotte Sawton</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>Eng</u>		
OCCUPATION	<u>Housekeeper</u>		
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant)	<u>Grace Gurn</u>		
(Address)	<u>Vermontville</u>		

DATE OF DEATH	(Month) <u>Nov</u>	(Day) <u>26</u>	(Year) <u>1900</u>
I HEREBY CERTIFY, That I attended deceased from <u>Dec</u> 190 <u>8</u> , to <u>Nov 18</u> , 19 <u>00</u> , that I saw her alive on <u>Nov 18</u> , 19 <u>00</u> , and that death occurred, on the date stated above, at <u>10 P</u> M.			
The CAUSE OF DEATH was as follows:			
<u>Cancer of breast</u>			
(DURATION) _____ DAYS			
Contributory _____ (DURATION) _____ DAYS			
(Signed) <u>J. D. McTeachraie</u> M. D. <u>Nov 27</u> 19 <u>00</u> (Address) <u>Vermontville</u>			
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	DATE OF BURIAL		
<u>Woodlawn</u>	<u>Nov 27</u> 19 <u>00</u>		
UNDERTAKER	ADDRESS		
<u>C. E. Hammond</u>	<u>IX Vtll</u>		
Filed	A TRUE COPY		
<u>Nov 28</u> 19 <u>00</u>	<u>C. C. Haenuback</u> Registrar		

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