

PLACE OF DEATH

STATE OF MICHIGAN

County of Easton

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of TermontrilleRegistered No. 2

City of (No. St.; Ward)

FULL NAME Francis May Hardsoch

[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.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Oct</u> (Day) <u>21</u> (Year) <u>1861</u>	
AGE <u>49</u> YEARS, <u>4</u> 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>Mich</u>	
NAME OF FATHER <u>Charles Veile</u>	
BIRTHPLACE OF FATHER (State or country) <u>New York</u>	
MAIDEN NAME OF MOTHER <u>Rachel Brown</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Mich</u>	
OCCUPATION <u>House wife</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) <u>W H Hardsoch</u> (Address)	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>Feb</u> (Day) <u>23</u> (Year) <u>1901</u>	
I HEREBY CERTIFY, That I attended deceased from <u>Feb 23 1901</u> , to <u>Feb 23 1901</u> , that I saw her alive on <u>Feb 23 1901</u> , and that death occurred, on the date stated above, at <u>9 a M.</u> The CAUSE OF DEATH was as follows: <u>leucues of stomach</u>	
Contributory	
(Signed) <u>J. S. McEachran</u> M. D. <u>Feb 28 1901</u> (Address) <u>Termontrille</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 <u>Termontrille</u>	DATE OF BURIAL <u>Feb 26 1901</u>
UNDERTAKER <u>Berra & Mapes</u>	ADDRESS <u>Sunfield</u>
Filed <u>Feb 25 1901</u>	A TRUE COPY <u>C. S. Fullenbrook</u> Registrar

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

MARGIN RESERVED FOR BINDING.

Form 93—1-08-500 Iss. 100 pages. Form 93—1-08-500 Iss. 100 pages.