

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County of Colum
Township of
or
Village of Vermontville
or
City of (No. St.; Ward)

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FULL NAME Margaret Irene Rawson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR White

DATE OF BIRTH (Month) Nov (Day) 12 (Year) 1909

AGE 19 YEARS 2 MONTHS 2 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) Ohio

NAME OF FATHER Frankie Rawson

BIRTHPLACE OF FATHER (State or country) Mich

MAIDEN NAME OF MOTHER Jennie Campbell

BIRTHPLACE OF MOTHER (State or country) Mich

OCCUPATION

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

(Informant) Frankie Rawson
(Address) W. Fille

DATE OF DEATH (Month) June (Day) 13

I HEREBY CERTIFY, That I attended June 1 1911, to June 1 that I saw her alive on June 1 and that death occurred, on the date stated above

The CAUSE OF DEATH was as follows:
Euphyrosia

(DURATION)

Contributory

(Signed) C. E. M. Gault
June 13 1911 (Address) Vermontville

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recipients
 Former or usual residence How long a place of death?

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Farmington DATE OF BURIAL June 14 1911

UNDERTAKER C. E. Hammon ADDRESS Vermontville

Filed June 14 1911 A TRUE COPY C. C. Hall

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

MARGIN RESERVED FOR BINDING.

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