

Township of Easton / TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
 or Village of Vermontville Registered No. 4
 City of (No) St; Ward
 FULL NAME Harrist Carolina Tyles

[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 Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Aug 25 1838

AGE 72 YEARS 8 MONTHS 27 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

AGE AT MARRIAGE, NUMBER OF CHILDREN
 If married, age at (first) marriage _____ years
 Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country)
Michigan

NAME OF FATHER
Dickinson Douglas

BIRTHPLACE OF FATHER (State or country)
Unknown

MAIDEN NAME OF MOTHER
Sarah Hales

BIRTHPLACE OF MOTHER (State or country)
Unknown

OCCUPATION
at home

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

(Informant) Chad Lutz
 (Address) Nashville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
May 22 1901

I HEREBY CERTIFY, That I attended deceased from May 1 1901, to May 22 1901, that I saw h. or alive on May 22 1901, and that death occurred, on the date stated above, at 1:30 M.

The CAUSE OF DEATH was as follows:
Senile Senescence
coma collapse

(DURATION) _____ DAYS

Contributory Cerebral tumor
7 yrs 11 mo (DURATION) 7 yrs DAYS

(Signed) Ed S. Snell M. D.
May 22 1901 (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 Woodlawn DATE OF BURIAL May 24 1901

UNDERTAKER Chad Lutz ADDRESS Nashville

Filed May 24 1901 TRUE COPY Ed H. Baker Registrar

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-000 Dec. 100 Pages

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