

TRANSCRIPT OF CERTIFICATE OF DEATH - LOCAL REGISTER

Vermontville

Registered No. *6*

[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 *Ann Eliza Datterlee*

(No. _____ St. _____ Ward _____)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *White*

DATE OF BIRTH (Month) *June* (Day) *30* (Year) *1834*

AGE *77* YEARS *9* MONTHS *9* DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

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

BIRTHPLACE (State or country) *New York*

NAME OF FATHER *Coy*

BIRTHPLACE OF FATHER (State or country) *N.Y.*

MAIDEN NAME OF MOTHER *don't know*

BIRTHPLACE OF MOTHER (State or country) *"*

OCCUPATION *Housekeeper*

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

(Informant) *Mrs. Chas. Lamb*
(Address) *V.ville*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) *June* (Day) *29* (Year) *1911*

I HEREBY CERTIFY, That I attended deceased from *March 3* 1911, to *June 29* 1911, that I saw her alive on *June 29* 1911, and that death occurred, on the date stated above, at *2 P.M.*

The CAUSE OF DEATH was as follows:
*Paralysis Cerebralis
Coma Collapse*

Contributory Disease of *Heart*
Fecchia of Heart

(Signed) *Chas. Snell* M. D.
June 30 1911 (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 *July 1* 1911

UNDERTAKER *R. D. Hammond & Co.* ADDRESS *V.ville*

Filed *June 30* 1911 A TRUE COPY *cc: Stallbrook*
Registrar

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

MARGIN RESERVED FOR BINDING.

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