

County of Calum Department of State—Division of Vital Statistics
Township of 1 / TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
or Vermontville Registered No. 7
Village of Vermontville
or
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 Lucena A Purchie

MARGIN RESERVED FOR BINDING.
Form 93—11-05-500 bks., 100 pages.
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS			
SEX	Female		
COLOR	White		
DATE OF BIRTH	(Month) <u>July</u>	(Day) <u>31</u>	(Year) <u>1844</u>
AGE	<u>66</u> YEARS	<u>6</u> MONTHS	<u>7</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>Lyons Iowa Mich</u>		
NAME OF FATHER	<u>Allen Hopkins</u>		
BIRTHPLACE OF FATHER (State or country)	<u>Seneca Co N Y</u>		
MAIDEN NAME OF MOTHER	<u>Mary M Stewart</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>Waynes Co N Y</u>		
OCCUPATION	<u>Retired Miller</u>		
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant)	<u>D M Purchie</u>		
(Address)	<u>78 7ille</u>		

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH	(Month) <u>July</u>	(Day) <u>17</u>	(Year) <u>1911</u>
I HEREBY CERTIFY, That I attended deceased from <u>July 8</u> 19 <u>11</u> , to <u>July 17</u> 19 <u>11</u> , that I saw her alive on <u>July 17</u> 19 <u>11</u> , and that death occurred, on the date stated above, at <u>1-307 M</u>			
The CAUSE OF DEATH was as follows: <u>Apoplexy</u>			
Contributory	<u>Nat of exhaustion</u>		
(Signed)	<u>J S McEachran</u> M. D. <u>July 18</u> 19 <u>11</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? <u>12</u> Days		
Where was disease contracted, if not at place of death?			
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
<u>Wood Lawn Cem</u>	<u>July 19</u> 19 <u>11</u>		
UNDERTAKER	ADDRESS		
<u>C Hammond</u>	<u>Vermontville</u>		
Filed <u>July 18</u> 19 <u>11</u>	A TRUE COPY <u>C C Hull</u> Registrar		