

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of \_\_\_\_\_  
 or  
 Village of Vermontville  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 9  
 [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 Julia Esther Alderman

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Female COLOR White

DATE OF BIRTH (Month) Jan (Day) 28 (Year) 1843

AGE 68 YEARS 5 MONTHS 17 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) Ohio

NAME OF FATHER Mr Monasmith

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Miss Hunt

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION Housekeeper

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

(Informant) Mrs M E Kenney  
 (Address) Milwaukee Wis

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH (Month) October (Day) 13 (Year) 1911

I HEREBY CERTIFY, That I attended deceased from Apr 23 1901, to Oct 13 1901, that I saw her alive on Oct 13 1901, and that death occurred, on the date stated above, at 4-45 PM

The CAUSE OF DEATH was as follows:  
Central Apoplexy

Contributory fit momentary (DURATION) \_\_\_\_\_ DAYS  
Pronous attack (DURATION) 5 1/2 months

(Signed) E S Snell M. D.  
Oct 14 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 Oct 15 1901

UNDERTAKER R L Hammond ADDRESS Vermontville  
 Filed Oct 14 1901 E S Snell Registrar

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

MARGIN RESERVED FOR BINDING.

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