

County of Eaton

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of Ann Arbor

Registered No. 5

City of _____ (No. _____ St.; _____ Ward)

[If death occurred in a Hospital or Institution, give its name instead of street number. If away from usual residence, give "Special Information" below.]

FULL NAME Mrs Adelbert Finley

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) Apr (Day) 18 (Year) 1849

AGE 63 YEARS 3 MONTHS 19 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 Wm Lyon

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Quanda Brant

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION Nurse

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

(Informant) Adelbert Lyon

(Address) Chgo Jct Ohio

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Aug (Day) 7 (Year) 1922

I HEREBY CERTIFY, That I attended deceased from July 14 1922, to Aug 7 1922, that I saw her alive on Aug 7 1922, and that death occurred, on the date stated above, at 8 P M.

The CAUSE OF DEATH was as follows:

Coma of nutrition

Contributory _____ (DURATION) _____ DAYS

(Signed) J. M. Cochrane M. D.

Aug 8 1922 (Address) Ann Arbor

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 Cem DATE OF BURIAL Aug 9 1922

UNDERTAKER R. B. Hammond ADDRESS Ann Arbor

Filed Aug 5 1922 A TRUE COPY de Schaller Registrar

MARGIN RESERVED FOR BINDING.

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

Form 93—11-05-500 bks., 100 pages.