

PLACE OF DEATH

STATE OF MICHIGAN

County of Calvin

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village of TremontvilleRegistered No. 10

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 Angelina A Lockwood

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>		
DATE OF BIRTH	(Month) <u>April</u>	(Day) <u>12</u>	(Year) <u>1838</u>
AGE	<u>74</u> YEARS, <u>8</u> MONTHS, <u>18</u> DAYS		

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

BIRTHPLACE (State or country)

Mich

NAME OF FATHER

William Jackson

BIRTHPLACE OF FATHER (State or country)

Not known

MAIDEN NAME OF MOTHER

Johanna Record

BIRTHPLACE OF MOTHER (State or country)

N.Y.

OCCUPATION

Housewife

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

(Informant) Mrs M. L. Stutes(Address) T-tille

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Dec</u>	(Day) <u>31</u>	(Year) <u>1902</u>
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I HEREBY CERTIFY, That I attended deceased from Dec 29 1902, to Dec 31 1902 that I saw her alive on Dec 30 1902 and that death occurred, on the date stated above, at 8 P M.

The CAUSE OF DEATH was as follows:

Bright's disease

Contributory

(Signed) J. S. M. Eason M. D.Jan 1 1903 (Address) Tremontville

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

Fowlerville Mich

DATE OF BURIAL

1-2 1903

UNDERTAKER

R. D. Hammond

ADDRESS

T-tille

Filed

Jan 1 1903

A TRUE COPY

C. C. Stullentz

Registrar

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

MARGIN RESERVED FOR BINDING.

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