

PLACE OF DEATH

STATE OF MICHIGAN

County of Calam
Township of Vermontville
or
Village of
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

[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 Annaetta Cook

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-5000 (Rev. 100 pages)

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>Female</u>	COLOR	<u>White</u>
DATE OF BIRTH	(Month) <u>Aug</u>	(Day) <u>28</u>	(Year) <u>1859</u>
AGE	<u>54</u> YEARS, <u>0</u> MONTHS, <u>3</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>New York</u>		
NAME OF FATHER	<u>Howard Poley</u>		
BIRTHPLACE OF FATHER (State or country)	<u>New York</u>		
MAIDEN NAME OF MOTHER	<u>Eliza Bedford</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>New Jersey</u>		
OCCUPATION	<u>Housekeeper</u>		
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant)	<u>Anna Cook</u>		
(Address)	<u>Vermontville</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Aug</u>	(Day) <u>31</u>	(Year) <u>1903</u>
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I HEREBY CERTIFY, That I attended deceased from June 11 1903, to Aug 31 1903, that I saw her alive on Aug 30, 1903, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH was as follows:

Bright's disease

(DURATION)..... DAYS

Contributory.....

(DURATION)..... DAYS

(Signed) J. L. McEachern M. D.

Aug 31 1903 (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 Ohio, Mich DATE OF BURIAL Sept 2 1903

UNDERTAKER B. L. Hammond ADDRESS Vermontville

Filed Sept 17 1903 A TRUE COPY Charles H. Lane

Registrar