

PLACE OF DEATH

STATE OF MICHIGAN

County of Calhoun

Department of State—Division of Vital Statistics

Township of Vermontville

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village of 11

Registered No. 6

or City of 11

(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 Mary Elizabeth Redder

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>July</u> (Day) <u>9</u> (Year) <u>1861</u>	
AGE <u>52</u> YEARS <u>10</u> MONTHS <u>8</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>        </u> years Parent of <u>        </u> children, of whom <u>        </u> are living	
BIRTHPLACE (State or country) <u>Ohio</u>	
NAME OF FATHER <u>Wm. Moore</u>	
BIRTHPLACE OF FATHER (State or country) <u>Ohio probably</u>	
MAIDEN NAME OF MOTHER <u>Suannah Carpenter</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Ohio probably</u>	
OCCUPATION <u>Housewife</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>E. Evelyn Redder</u>	
(Address) <u>Vermontville, Mich</u>	

DATE OF DEATH <u>May</u>	(Month) <u>17</u>	(Day) <u>1904</u>	(Year)
I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> 1904, to <u>May 17</u> 1904, that I saw her alive on <u>May 16</u> 1904, and that death occurred, on the date stated above, at <u>5 PM</u> M.			
The CAUSE OF DEATH was as follows: <u>Chronic Bright Disease</u>			
<u>1 year</u> (DURATION) DAYS			
Contributory <u>        </u> (DURATION) DAYS			
(Signed) <u>J. D. McEachron</u> <u>May 18 1904</u> (Address) <u>Vermontville</u>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:			
Former or usual residence <u>        </u>		How long at place of death? <u>        </u> Days	
Where was disease contracted, if not at place of death? <u>        </u>			
PLACE OF BURIAL OR REMOVAL <u>Boy L. Greenie Cem.</u>	DATE OF BURIAL <u>May 20</u> 1904		
UNDERTAKER <u>Boy L. Hammond</u>	ADDRESS <u>        </u>		
Filed <u>May 20</u> 1904	A TRUE COPY <u>Chas. H. Lamb</u> Registrar		

MARGIN RESERVED FOR BINDING.

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

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