

MARG RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of Lake
Township of Vermont
or
Village of Valley
or
City of Vermont

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

[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 Nancy Louisa Campbell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Dec</u> (Day) <u>25</u> (Year) <u>1845</u>	
AGE <u>68</u> YEARS <u>11</u> MONTHS <u>24</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</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>Vermont</u>	
NAME OF FATHER <u>Martin DeKeman</u>	
BIRTHPLACE OF FATHER (State or country) <u>Vermont</u>	
MAIDEN NAME OF MOTHER <u>Mary Wortes</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Vermont</u>	
OCCUPATION <u>House wife</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>Thomas Campbell</u>	
(Address) <u>Vermont</u>	

DATE OF DEATH (Month) <u>Dec</u> (Day) <u>18</u> (Year) <u>1904</u>			
I HEREBY CERTIFY, That I attended deceased from <u>Jan 13 1904</u> , to <u>Dec 18 1904</u> , that I saw h. <u>alive on Dec 16th 1904</u> , and that death occurred, on the date stated above, at <u>7:00</u> M.			
The CAUSE OF DEATH was as follows: <u>Bright disease</u>			
(DURATION) <u>2 years</u> DAYS			
Contributory			
(Signed) <u>J. K. McEathron</u> M. D. <u>Dec 18 1904</u> (Address) <u>Vermontville</u>			
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 <u>Woodlawn</u>	DATE OF BURIAL <u>Dec 21 1904</u>		
UNDERTAKER <u>R L Hammond</u>	ADDRESS <u>Vermontville</u>		
Filed <u>Dec 19 1904</u> A TRUE COPY <u>H Lamb</u> Registrar			