

PLACE OF DEATH

STATE OF MICHIGAN

County of Calhoun
 Township of Vermontville
 or
 Village of 1
 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 _____

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

MARGIN RESERVED FOR BINDING.

Form 93—11-00-000 DEPT. OF HEALTH Form 93

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>9</u> (Year) <u>1832</u>	
AGE <u>82</u> YEARS <u>3</u> MONTHS <u>22</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>N.Y.</u>	
NAME OF FATHER <u>John, Betty</u>	
BIRTHPLACE OF FATHER (State or country) <u>England</u>	
MAIDEN NAME OF MOTHER <u>Hannah Barney</u>	
BIRTHPLACE OF MOTHER (State or country) <u>England</u>	
OCCUPATION <u>Housekeeper</u>	

DATE OF DEATH (Month) <u>March</u> (Day) <u>20</u> (Year) <u>1915</u>
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I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 21 1915, that I saw her alive on March 20 1915, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH was as follows:
Organic Heart Trouble

Contributory _____
 (Signed) J. H. McEachern M. D.
March 27, 1915 (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 <u>Hooling</u>	DATE OF BURIAL <u>3/29</u> 19 <u>15</u>
UNDERTAKER <u>M. L. Hammond</u>	ADDRESS <u>Vermontville</u>

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
 (Informant) A. A. Lape
 (Address) Vermontville

Filed 3/29 1915 A TRUE COPY L. H. Lamb
 Registrar