

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
 County Edin
 Township Vermontville
 Village Edin
 City Edin

Registered No. 7

(No. of death occurred in a hospital or institution, give its NAME instead of street and number.)
 St. _____ Ward _____

2 FULL NAME E. Elizabeth S. Szyette

(a) Residence No. _____ St., Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Joseph S. Szyette

6 DATE OF BIRTH (Month, day and year) 1851-12-26

7 AGE Years 72 Months 12 Days 24 If LESS than 1 day hrs. OR min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) unknown

10 NAME OF FATHER John S. Szyette

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Fred S. Szyette
 (Address) Vermontville

15 Filed 12/12, 1922 B. H. Lamb Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 9 1922

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1922, to Dec 9, 1922, that I last saw her alive on Dec 8, 1922, and that death occurred on the date stated above at 2 d. m.

The CAUSE OF DEATH* was as follows:
Gallstone operation result of shock

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
 (Signed) L. D. McLaughlin, M. D.
Jan 11, 1923, Address Vermontville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Augusta Date of Burial 12/12 1922

2 UNDERTAKER L. D. McLaughlin Address Vermontville

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

Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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