

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
 County Calam
 Township Vermontville
 Village 1
 City _____

Registered No. 5

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

2 FULL NAME Rosalie J. Reach

(a) Residence No. Vermontville 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) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of J. W. Reach

6 DATE OF BIRTH (Month, day and year) Dec 9 1854

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
69 6 15

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) Woodland Mich

10 NAME OF FATHER John A. Barrum

11 BIRTHPLACE OF FATHER (city or town) (state or country) N. Y. State

12 MAIDEN NAME OF MOTHER Susana Boney

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

14 Informant J. W. Reach
 (Address) Vermontville

15 Filled 6/20, 1924 by L. A. Lamb
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 6/18 1924

17 I HEREBY CERTIFY, That I attended deceased from 6/20, 1922, to 6/15, 1924, that I last saw her alive on 6/15, 1924, and that death occurred on the date stated above at 5d m.

The CAUSE OF DEATH* was as follows:
chronic

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism
 (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? No Date of _____

Was there an autopsy? no

What test confirmed diagnosis? symptoms
 (Signed) C. S. Smith M. D.
June 20, 1924, 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 Belleveue Mich Date of Burial 6/20 1924

2 UNDERTAKER L. W. Ken 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