

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
 County Calhoun
 Township Vermontville
 Village Vermontville
 City Vermontville
 Registered No. 12
 (No. _____ St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics
 TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

2 FULL NAME Mellie White
 (a) Residence No. _____ St., Ward. _____
 (Usual place of abode) (If non-resident give city or town and state)
 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 Justin White

6 DATE OF BIRTH (Month, day and year) 1874-8/16

7 AGE	Years	Months	Days	If LESS than
	<u>50</u>	<u>0</u>	<u>12</u>	1 day..... hrs. OR..... min.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 8/28 1924

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1924, to Aug 28, 1924 that I last saw her alive on Aug 25, 1924 and that death occurred on the date stated above at 5 a.m.

The CAUSE OF DEATH* was as follows:
Cancer uterine
metastatic

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

CONTRIBUTORY (Secondary) Hydatidiform
 (duration) 2 yrs. 2 mos. 2 ds.

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

10 NAME OF FATHER M. H. Bealle

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

12 MAIDEN NAME OF MOTHER J. Ann Dan Zelle

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

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

Did an operation precede death? Yes Date of June 12/24

Was there an autopsy? No

What test confirmed diagnosis? _____
 (Signed) S. S. W. No Laughlin M. D.
4.30, 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.

14 Informant Arthur White
 (Address) Vermontville

15 Filled 8/30, 1924 by S. H. Loh Registrar.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial or Removal 8/31 1924
Lanier Wadsworth

20 UNDERTAKER Address Vermontville
B. D. Ross

1916