

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
 County 24th
 Township Vermontville
 Village

Registered No. 17

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

2 FULL NAME Bliza Anna Rowley

(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) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Daniel H. Rowley

6 DATE OF BIRTH (Month, day and year) 3/19/1892

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.
92 8 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) Nich

10 NAME OF FATHER Nathan Koenig

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

12 MAIDEN NAME OF MOTHER Muriel Potter

13 BIRTHPLACE OF MOTHER (city or town) (state or country) N. Y.

14 Informant Wm. E. Kennedy
 (Address) 738 Highland Ave Detroit

15 Filed Oct 25, 1924 B. H. Carl Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov 24 1924

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1924, to Nov 24, 1924 that I last saw her alive on Nov 23, 1924 and that death occurred on the date stated above at 1.2 m.

The CAUSE OF DEATH* was as follows:

Sanguine right foot

(duration) yrs. mos. ds.

CONTRIBUTORY arteriosclerosis
 (Secondary) 4 (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) B. L. O. McLaughlin M. D.
11/26, 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 Woodlawn Date of Burial 11/26 1924

20 UNDERTAKER W. D. Rose Address Vermontville

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.