

1 PLACE OF DEATH
 County Both
 Township Vermahille
 Village "
 City "

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

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

2 FULL NAME Z Alpha Rebecca Sprague

(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 of Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Henry Sprague

6 DATE OF BIRTH (Month, day and year) May 10 1833

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ m'n.
91 9 20

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) Ohio

10 NAME OF FATHER Anna Green

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

12 MAIDEN NAME OF MOTHER Sarah Lockwood

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

14 Informant Bernice J. Barrett
 (Address) Vermahille

15 Filed 2 24 19 25 6 11 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 2 21 1925

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on 2/21, 1925, and that death occurred on the date stated above at 7th m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. 1 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) G. L. G. Metcalfe M. D. 2/23, 1925, Address Vermahille

*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 Vermahille Cemetery Date of Burial 2/24 19 25

20 UNDERTAKER D. W. Hess Address Washville

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

MARGIN RESERVED FOR BINDING

Form 93a-9-5-21-1000 Books-100 pages.

202