STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 11

I PLACE OF DEATH

County Eaton

Township

Village Vermontville

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

2 FULL NAME Nellie D. Worden

(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	4 Color or Race	5 Single, Married, Widowed or Divorced (*write* the word.)
Female	white	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Wm. Worden

6 DATE OF BIRTH (Month, day and year.) Oct 18 1856

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. OR ....min.
73	7	14	

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

PARENTS

10 NAME OF FATHER Julius N. Barnes

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

12 MAIDEN NAME OF MOTHER Janette L. Barnes

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

14 Informant Mrs Eugene Causey

(Address) Vermontville, R. 3

15 Filed June 5, 1930 Chas Hine
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 2 1930

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1930 to June 2, 1930

that I last saw her alive on June 2, 1930 and

that death occurred on the date stated above at 8:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Pan nephritis

(duration) 4 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) C. H. McLaughlin M. D.

June 6, 1930, 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. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — Date of Burial

Gresham Cem — June 8 1930

2 UNDERTAKER — Address

Maynard Perry — Charlotte

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

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