STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

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.)

Registered No. _12_

2 FULL NAME _May McCusha_

(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	Married	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _Geo McCusha_

6 DATE OF BIRTH (Month, day and year.) _May 24 1871_

7 AGE Years	Months	Days	If LESS than 1 day, _____ hrs. OR _____ min.
59	2	11	

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) _Mich_

PARENTS

10 NAME OF FATHER _Michael Mahar_

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

12 MAIDEN NAME OF MOTHER _Mary Heffin_

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

14 Informant _Geo McCusha_
(Address) _Vermontville_

15 Filed _June 7, 1930_ _Carr Pine_ Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) _June 5th_ 19_30_

17 I HEREBY CERTIFY, That I attended deceased from
_✓_, 19_____, to _✓_, 19_30_
that I last saw h__ alive on _May 20_, 19_30_ and
that death occurred on the date stated above at _3:40_ a. m.
The CAUSE OF DEATH* was as follows:
Cardiac Asthma

_____ (duration) _____ yrs. _3_ 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) _E. H. McLoughlin_, D.
June 7, 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 _Woodlawn Cem—_ | **Date of Burial** _6/8 1930_

2 UNDERTAKER _K. Howard_ | **Address** _Vermontville_