

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.

1 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.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 2

2 FULL NAME Geneva C. Sweet

(a) Residence. No. Vermontville Mich. 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 or Race white 5 Single, Married, Widowed or Divorced (write the word.) Married

5a If married, widowed, or divorced  
HUSBAND of Ellis Sweet  
(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (Month, day and year.) Dec 25<sup>th</sup> 1902

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
28 0 2

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) Vermontville Mich

10 NAME OF FATHER Sidney B. Coey

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Maudie Swift

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

14 Informant Mrs Maud Coey  
(Address) Vermontville Mich

15 Filed Dec 28, 1930 Edna Vine  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 27 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Dec 27, 1930, that I last saw her alive on Dec 26, 1930, and that death occurred on the date stated above at 9:30 p.m. The CAUSE OF DEATH\* was as follows:  
Extensive Tuberculosis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY gross sinuati  
(Secondary) (duration) 3 yrs. 3 mos. — ds.

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

Did an operation precede death? yes Date of Nov 28-30

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam & biopsy  
(Signed) Dwight Liddell M.D.

Dec 28, 1930 Address Nashville Mich

\*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

Woodlawn Cem Dec 28, 1930

2 UNDERTAKER Address

K K Ward, Vermontville

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

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