

1 PLACE OF DEATH
County Eaton

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

Township _____
Village Vermontville

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 1

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

2 FULL NAME Mary A. Hill

(a) Residence. No. Vermontville Mich. 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.) Widow

5a If married, widowed, or divorced
HUSBAND of Geo Hill
(or) WIFE of _____

6 DATE OF BIRTH (Month, day and year.) Nov 25-1848

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
82 2 13

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(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) Otsego N. York

10 NAME OF FATHER Chas Briggs

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

12 MAIDEN NAME OF MOTHER Mary May

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Judson Hills
(Address) Vermontville Mich

15 Filed Feb 10, 1931 Chas Hill
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 8 1931

17 I HEREBY CERTIFY That I attended deceased from Dec 12, 1930, to Feb 8, 1931, that I last saw him alive on Feb 8, 1931, and that death occurred on the date stated above at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Digonic Heart Disease
Chronic Cordiac
Bulphur Fever 1929
with duration 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) 6 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. M. L. Lushin M. D. Feb 10, 1931 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

Woodlawn Cem Feb 10 1931

2 UNDERTAKER Address

K. K. Ward Vermontville

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