

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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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 Mary Alice Lamb

(a) Residence. No. R. 7 L. 3 Vermontville 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.) Widowed

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

6 DATE OF BIRTH (Month, day and year.) April 2 1856

7 AGE Years 75 Months 1 Days 18 If LESS than 1 day, _____ hrs. OR _____ min.

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) Palmer new york

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER John B Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y

12 MAIDEN NAME OF MOTHER Mary A Harris

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

14 Informant Geo B. Wright (Address) Vermontville

15 Filed 5-23, 1931 Clare Kine Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 4

16 DATE OF DEATH (Month, day and year) May 20 1931

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to May 20, 1931 that I last saw him alive on May 19, 1931, and that death occurred on the date stated above at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

In active neck of femur shock

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. 5 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) Dr. M. E. Langdon

19 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 Cemetery 5-23 1931

2 UNDERTAKER

Address

X X Ward Vermontville

2960