

1 PLACE OF DEATH
County Eaton

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Township _____

Village Vernonville

Registered No. 7

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

2 FULL NAME Susan Pearl Randall

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

5a If married, widowed, or divorced HUSBAND or (or) WIFE of Austin Randall

6 DATE OF BIRTH (Month, day and year.) Feb 1 1852

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.
77 6 0

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) Indian

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 7

10 NAME OF FATHER Jacob K. Pearson

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

12 MAIDEN NAME OF MOTHER Mary Ann Boots

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

14 Informant Mrs. Jennie Ridy (Address) Fulton street

15 Filed Aug 4, 1931 Edith Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 1 1931

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to Aug 1, 1931, that I last saw her alive on Aug 1, 1931, and that death occurred on the date stated above at 6 P.M.

The CAUSE OF DEATH* was as follows:

Influenza 5 da
Acute Sclerosis 5 yr
(duration).....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) W. H. McLaughlin M. D. Aug 1, 1931 Address Vernonville

*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

Athens Baptist Aug 4 1931

2 UNDERTAKER Address

Wm H. & Buck Fulton Mich

M. B.—Every item of information 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.