I PLACE OF DEATH

County Eaton

Township

Village Vermontville

City

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 7

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

2 FULL NAME Mary Melissa Williams

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

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry Williams

6 DATE OF BIRTH (Month, day and year.) Dec 20 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. OR min.
73	6	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) Jackson Mich.

PARENTS

10 NAME OF FATHER Joe Fitch

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

12 MAIDEN NAME OF MOTHER Julia Dances.

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

14 Informant Roscoe Williams
(Address) Vermontville Mich.

15 Filed 7/15, 1932 Lloyd J. Hetts
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 13 1932

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h. alive on ....., 19..... and
that death occurred on the date stated above at 4:30 A.m.
The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 5 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) Stewart G. Gobel M. D.
, 19 , 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 Eaton Rapids Mich — Date of Burial 7/15 1932

2 UNDERTAKER R. R. Ward — Address Vermontville

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.

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