

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Eaton

TRANSCRIPT OF CERTIFICATE OF DEATH

Township Vermontville

Registered No. 8

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

2 FULL NAME Ilda M. Crane

(a) Residence. No. Portland 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. (If non-resident give city or town and State.)

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 E. Crane
(or) WIFE of
6 DATE OF BIRTH (Month, day and year.)
7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
78 6 17

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) Portland Mich.
(State or country)

10 NAME OF FATHER Samuel Cron

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

12 MAIDEN NAME OF MOTHER Phoebe Fountain

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

14 Informant Miss Fred Pendell
(Address) Vermontville Mich.

15 Filed Aug. 23, 1932 L. Lloyd Mott
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug. 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1932, to Aug. 22, 1932, that I last saw her alive on Aug. 21, 1932 and that death occurred on the date stated above at 9 a.m.
The CAUSE OF DEATH* was as follows:
Carcinoma Uterus

(duration) 2 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) L. D. O'Laughlin M. D.
19 Address Vermontville 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

Portland Mich. Aug. 24 1932

20 UNDERTAKER Address

14 11 Ward Vermontville

M. 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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