

1 PLACE OF DEATH

STATE OF MICHIGAN

County Eaton

Department of State—Division of Vital Statistics

Township

TRANSCRIPT OF CERTIFICATE OF DEATH

Village Hermontville

Registered No. 9

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

2 FULL NAME Jessie Francis Mc Connell

(a) Residence, No. Middleville 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

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (Month, day and year) Sept. 30, 1932

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Mc Connell

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1932, to Sept 30, 1932, that I last saw her alive on Sept. 29, 1932 and that death occurred on the date stated above at 8 P. m.

6 DATE OF BIRTH (Month, day and year.) May 5, 1865

The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day, hrs. OR min. 67 41 25

Inelocholia
acute Glaucoma
Acute Nephritis
(duration) 12 yrs. mos. ds.

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

CONTRIBUTORY (Secondary) 1 (duration) yrs. mos. ds.

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

18 Where was disease contracted if not at place of death?

10 NAME OF FATHER Robert Wilson

Did an operation precede death? Date of

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

Was there an autopsy?

12 MAIDEN NAME OF MOTHER Jane Mc Culbough

What test confirmed diagnosis? (Signed) G. L. O. Dr. Funglin M. D. , 19 , Address Hermontville

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

*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.)

14 Informant Jessie Tom Wilson

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

(Address) Hermontville Mich

Middleville Mich Oct. 3 1932

15 Filed Oct. 1, 1932 W. Lloyd H. H. Registrar.

2 UNDERTAKER H. G. Benson Address Middleville Mich