# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

**TRANSCRIPT OF CERTIFICATE OF DEATH**

Registered No. [redacted] 1

I 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 Amanda G. Sprague

(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 | Single |

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

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

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. OR ..... min. |
|---|---|---|---|---|
| | 80 | 2 | 26 | |

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) Vermontville Mich.

PARENTS

10 NAME OF FATHER C. Sprague.

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

12 MAIDEN NAME OF MOTHER Caroline Parker.

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

14 Informant Ingelton Sprague

(Address) Vermontville Mich

15 Filed Jan. 23, 1933 Lloyd J. Hett Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (Month, day and year) Jan. 22 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1933, to Jan. 22, 1933

that I last saw her alive on Jan. 22, 1933 and

that death occurred on the date stated above at 11 P m.

The CAUSE OF DEATH* was as follows:

Shock.
Fracture Surgical Neck Femur. Exposure to Cold.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 3 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) C. D. Loughlin, 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 |
|---|---|
| Woodlawn | Jan. 23 1933 |
| 2 UNDERTAKER K. K. 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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