

1 PLACE OF DEATH

County

Easton

Township

Village

Vermontville

City

(No.

if death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Mary Elizabeth Lackey

(a) Residence. No.

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.

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.)

July. 14. 1847

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

OR.....min.

84

6

10

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)

New York

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (city or town)

(State or country)

Unknown

12 MAIDEN NAME

OF MOTHER

Unknown

13 BIRTHPLACE

OF MOTHER (city or town)

(state or country)

Unknown

14 Informant

Wm Lackey

(Address)

Vermontville, Mich

15

Filed *1-25*, 19 *34*

Lloyd J. Hottel

Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No.

2

16 DATE OF DEATH

(Month, day and year)

1-24

1934

17 I HEREBY CERTIFY, That I attended deceased from

June. 19, 1934, to Jan. 24, 1934

that I last saw her alive on *Jan. 22*, 1934, and

that death occurred on the date stated above at *6 A.* m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Years (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Senility

(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. Donald Telser*

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 Cem -

1-26 1934

20 UNDERTAKER

Address

R. K. Ward

Vermontville