STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

6/4 20 state 18/9 clerk

1 PLACE OF DEATH

County Eaton

Township

Village Vermontville

Registered No. 9

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

2 FULL NAME Mary J Pendill

(a) Residence. No. 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 Female

4 Color or Race White

5 Single, Married, Widowed or Divorced (*write* the word.) Married

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

6 DATE OF BIRTH (Month, day and year.) July 24 1862

7 AGE Years 71 Months 10 Days 8 If LESS than 1 day, hrs. OR min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Ionia Co.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ionia Co.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ionia Co.

14 Informant Fred Pendill

(Address) Vermontville

15 Filed 6/1, 1934 A R Gibbs Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 5/31 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933, to June 1, 1934

that I last saw her alive on , 19 and

that death occurred on the date stated above at 7 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) years 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 Donald Kilsey MD

, 19 , Address Vermontville

*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 Woodlawn Cemetery

Date of Burial June 3 1934

20 UNDERTAKER Van W Pendill

Address Battle Creek

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

324