

WHITE, FERNET, ...  
M.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in years and days. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state important.

PERSONAL AND STATISTICAL PARTICULARS

|   |                                 |   |
|---|---------------------------------|---|
| 3 SEX<br><i>Female</i>  | 4 Color or Race<br><i>White</i> | 5 Single, Married, Widowed or Divorced (write the word)<br><i>Married</i> |
| 5a If married, widowed, or divorced<br>HUSBAND of <i>Lucias Paul McClintock</i><br>(or) WIFE of   |                                 |   |
| 6 DATE OF BIRTH (Month, day and year.)<br><i>April 27, 1899</i>   |                                 |   |
| 7 AGE<br><i>35</i>  | Years<br><i>2</i>               | Months<br><i>13</i>   |
|   |                                 | Days<br><i>13</i>   |
|   |                                 | If LESS than 1 day, hrs. OR min.  |
| 8 OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work<br><i>Housewife</i><br>(b) General nature of industry, business, or establishment in which employed (or employer)<br>(c) Name of employer |                                 |   |
| 9 BIRTHPLACE (city or town) (State or country)<br><i>Charlotte Mich</i>   |                                 |   |
| 10 NAME OF FATHER<br><i>Floyd E Davis</i>   |                                 |   |
| 11 BIRTHPLACE OF FATHER (city or town) (State or country)<br><i>Unknown</i>   |                                 |   |
| 12 MAIDEN NAME OF MOTHER<br><i>Isella Skrontz</i>   |                                 |   |
| 13 BIRTHPLACE OF MOTHER (city or town) (state or country)<br><i>Unknown</i>   |                                 |   |
| 14 Informant<br><i>Christine Hettmänder</i><br>(Address)<br><i>Charlotte Mich</i>   |                                 |   |
| 15 Filled <i>8/13</i> , 19 <i>34</i><br><i>J.M. Lubbs</i><br>Registrar.   |                                 |   |

|  |                                    |
|--|------------------------------------|
| 16 DATE OF DEATH (Month, day and year)<br><i>Aug 10 1934</i>   |                                    |
| 17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred on the date stated above at <i>8:30 P.</i> m.   |                                    |
| The CAUSE OF DEATH* was as follows:<br><i>Injuries received in auto &amp; train collision</i><br><i>Death instantly</i><br>(duration) _____ 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? <i>no</i>  |                                    |
| What test confirmed diagnosis?<br>(Signed) <i>A. C. Chevillor</i><br>_____, 19____, Address <i>Charlotte Mich</i>  |                                    |
| *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<br><i>Maple Hill-Charlotte</i>  | Date of Burial<br><i>8/13 1934</i> |
| 20 UNDERTAKER<br><i>Paul Davidson - Bellevue Mich</i>  | Address                            |

327