

I PLACE OF DEATH
County Eaton

Township Vermontville
Village Vermontville

City (No. 3/15 - clerk) St. 21 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Amanda F Bailey

(a) Residence. No. (Usual place of abode.) St., Ward. (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 of Race White 5 Single, Married, Widowed or Divorced (write the word.) Married
5a If married, widowed, or divorced HUSBAND of Frank J Bailey
(or) WIFE of
6 DATE OF BIRTH (Month, day and year.) 10-12-1851
7 AGE Years 83 Months 1 Days 17 If LESS than 1 day, hrs. OR min.

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) Tonawanda
(State or country)

10 NAME OF FATHER Charles H Bale

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

12 MAIDEN NAME OF MOTHER Anna Shipley

13 BIRTHPLACE OF MOTHER (city or town) New York
(state or country)

14 Informant Mary N Bailey
(Address) Charlotte Mich

15 Filed 12/6, 1934 H. Hubbs
Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 21

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11/29 1934
(Month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from 10-1, 1934, to 11-29, 1934, that I last saw her alive on 11-28, 1934, and that death occurred on the date stated above at 6 P m.
The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) 2 yrs. mos. ds.
CONTRIBUTORY arterio sclerosis
(Secondary)

(duration) 5 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) C. H. McLaughlin M.D.

, 19 34, 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 Woodlawn Date of Burial 12/1 1934

2 UNDERTAKER R. P. 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.

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

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD