

1 PLACE OF DEATH
County Eaton

Township Vermontville

Village Vermontville

City Vermontville

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 3

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

2 FULL NAME Mabel Augusta Carey

(a) Residence. No. Vermontville St., Ward. 3
(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 Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word) Married
5a If married, widowed, or divorced HUSBAND of Eugene Carey
(or) WIFE of
6 DATE OF BIRTH (Month, day and year) May 30 1864
7 AGE Years 69 Months 11 Days 13 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) Eaton Col Mich
(State or country)

10 NAME OF FATHER Julius Bartholomew
11 BIRTHPLACE OF FATHER (city or town) Portage Co Ohio
(State or country)
12 MAIDEN NAME OF MOTHER Jennine Baines
13 BIRTHPLACE OF MOTHER (city or town) Portage Co Ohio
(state or country)

14 Informant Eugene Carey
(Address) Vermontville
15 Filed 5/16 1935 Registrar L.R. Hubbs

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 13 1935

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to May 13, 1935, that I last saw her alive on May 11, 1935, and that death occurred on the date stated above at 125 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of liver

(duration) yrs. mos. ds.
CONTRIBUTORY Chronic gall bladder disease
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of Latest yes Autopsy No
Was there an autopsy?
What test confirmed diagnosis?

(Signed) R. S. McEnelly M. D.
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 Cemetery May 16 1935
2 UNDERTAKER Myron E. Pray Address Charlotte

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