

1 PLACE OF DEATH
County Eaton 1788th

Township Vermonterville

Village Vermonterville City Vermonterville (No. 1788th St. Vermonterville Ward Vermonterville)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Adelaide Briggs

(a) Residence. No. Vermonterville St., Ward. Vermonterville
(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.) Widow
5a If married, widowed, or divorced HUSBAND of Alfred Briggs
(or) WIFE of Alfred Briggs
6 DATE OF BIRTH (Month, day and year.) 4-1-1847
7 AGE Years 88 Months 7 Days 29 If LESS than 1 day, hrs. OR min.

8 OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass

10 NAME OF FATHER John B Williams

11 BIRTHPLACE OF FATHER (city or town) Vermont
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(state or country)

14 Informant Chas Stiles
(Address) Vermonterville Mich

15 Filed 10/5, 1935 T. P. H. B.
Registrar.

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 9

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 11-28 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1935, to Nov 28, 1935
that I last saw him alive on Nov 27, 1935 and that death occurred on the date stated above at 1758 m.

The CAUSE OF DEATH* was as follows:
Organic Heart Disease

(duration) 5 yrs. 5 mos. 5 ds.
CONTRIBUTORY Broken Hip - 1933
(Secondary)

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. L. M. Laughlin M. D.
, 19 1935, Address Vermonterville

*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 12/2 1935

2 UNDERTAKER W. K. Ward Address Vermonterville

M. 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

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