

I PLACE OF DEATH

STATE OF MICHIGAN

County

Eaton

Department of State—Division of Vital Statistics

Township

Vermontville

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No.

4

City

(No.

St.

Ward)

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

2 FULL NAME

Allie R. Worden

(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

4 Color or Race

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

Female

White

Widow

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Erson Worden

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

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

OR min.

77

10

25

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) (State or country)

Ohio

10 NAME OF FATHER

Lebrinus Benedict

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

New York

12 MAIDEN NAME OF MOTHER

Amanda Chase

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

New York

14 Informant

Lloyd Worden

(Address)

Detroit Mich

15

Filed

6/9, 1934

R. R. Word

Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

3/7

1936

17

I HEREBY CERTIFY, That I attended deceased from

Aug 23, 1933 to Mar 7, 1934

that I last saw her alive on Mar 4, 1934 and

that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY

Arteriosclerosis

(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)

R. R. Word

, 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

Date of Burial

Woodlawn Cem

3/9

1936

2 UNDERTAKER

Address

R. R. Word

Vermontville

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

MARGIN RESERVED FOR BINDING

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

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.

351