

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

MARGIN RESERVED FOR BINDING

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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.

1 PLACE OF DEATH		STATE OF MICHIGAN	
County.....	<i>Eaton</i>	Department of State—Division of Vital Statistics	
Township.....	<i>Vermontville</i>	TRANSCRIPT OF CERTIFICATE OF DEATH	
Village.....	<i>Vermontville</i>	Registered No. <i>6</i>	
City.....	<i>Caroline Sprague</i>	(No. _____ St. _____ Ward _____)	
2 FULL NAME		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
(a) Residence. No. _____		St., Ward. _____	
Length of residence in city or town where death occurred		(If non-resident give city or town and State.)	
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.)	
<i>Female</i>	<i>White</i>	<i>Married</i>	
5a If married, widowed, or divorced			
HUSBAND or (or) WIFE of <i>Frederick Sprague</i>			
6 DATE OF BIRTH (Month, day and year.) <i>Feb 4 18 59</i>			
7 AGE	Years	Months	Days
<i>77</i>	<i>7</i>	<i>25</i>	If LESS than 1 day, _____ hrs. OR _____ min.
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <i>Housewife</i>			
(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) <i>Michigan</i>			
10 NAME OF FATHER <i>Wm Jackson</i>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <i>New York</i>			
12 MAIDEN NAME OF MOTHER <i>Mercy Crawford</i>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <i>New York</i>			
14 Informant <i>Frederick Sprague</i>			
(Address) <i>Vermontville</i>			
15 Filed <i>9/30, 1934</i> <i>T. H. L. H. B.</i> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <i>9-29 1934</i>			
17 I HEREBY CERTIFY, That I attended deceased from <i>June 1, 1934</i> , to <i>9-29, 1934</i>			
that I last saw her alive on <i>9-29, 1934</i> and that death occurred on the date stated above at <i>7 P. m.</i>			
The CAUSE OF DEATH* was as follows: <i>Senile Dementia</i>			
(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? _____			
What test confirmed diagnosis? _____			
(Signed) <i>C. L. M. Laughlin, M.D.</i>			
, 19 _____, Address <i>Vermontville</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 <i>Vermontville</i> Date of Burial <i>Oct 2 1934</i>			
2 UNDERTAKER <i>W. E. Hummer</i> Address <i>Caroline</i>			

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