

I PLACE OF DEATH State 11/58 **STATE OF MICHIGAN**
County Eaton Department of State—Division of Vital Statistics
Township Leicester **TRANSCRIPT OF CERTIFICATE OF DEATH**
Village Leicester Registered No. 7
City Leicester (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Lavinia P. Savage
(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 7 4 Color or Race W 5 Single, Married, Widowed or Divorced (write the word.) Widow
5a If married, widowed, or divorced HUSBAND or (or) WIFE of Wm Savage
6 DATE OF BIRTH (Month, day and year.) 12-19-1869
7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
77 7 7

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) Weedsport NY

10 NAME OF FATHER John Jones

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

12 MAIDEN NAME OF MOTHER Unknown

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

14 Informant Irvin Powers
(Address) Leicester

15 Filed 11, 2, 1934 TRP/lob
Registrar.

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month, day and year) 9/24 1934

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to 9-24, 1934
that I last saw him alive on 9-24, 1934 and
that death occurred on the date stated above at 19 m.
The CAUSE OF DEATH* was as follows:
Arterio Sclerosis

(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterio Sclerosis
(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) L. Donald Kelly M. D.
, 19 , Address Leicester

*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
Wilcox Cemetery 9/28 1934

2 UNDERTAKER Address
R. K. Ward Leicester

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