

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.

I 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. 8

2 FULL NAME Martha Jane Briggs

(a) Residence. No. St., Ward. Ward
(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 F 4 Color or Race W 5 Single, Married, Widowed or Divorced (write the word.) Married

5a If married, widowed, or divorced HUSBAND or (or) WIFE of Walter Briggs

6 DATE OF BIRTH (Month, day and year.) 1-5-1865

7 AGE Years 72 Months 0 Days 14 If LESS than 1 day, hrs. OR min.

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) Kalamazoo Mich
(State or country)

10 NAME OF FATHER Joseph Pennock

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

12 MAIDEN NAME OF MOTHER Margaret Lornell

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

14 Informant Walter Briggs
(Address) Vermontville Mich

15 Filed 2/8, 1937 H. R. Ward
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 1-19- 1937

17 I HEREBY CERTIFY, That I attended deceased from Apr 11, 1934, to Jan 19, 1937
that I last saw him alive on Jan 16, 1937, and that death occurred on the date stated above at 8:30 a.m.

The CAUSE OF DEATH* was as follows: diabetes

CONTRIBUTORY (Secondary) old age
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) T. Donald Kelly
, 19 1937, 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 Woodlawn Cem. Date of Burial 1-21-1937

2 UNDERTAKER H. R. Ward Address Vermontville