

County of

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of *Vermontville*

or

City of

(No. St.; Ward)

Registered No. *5*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME *Sarah Austin*

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	COLOR <i>White</i>		
DATE OF BIRTH	(Month) <i>March</i>	(Day) <i>22</i>	(Year) <i>1803</i>

AGE	<i>104</i> YEARS	<i>3</i> MONTHS	<i>4</i> DAYS
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SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widowed

AGE AT MARRIAGE, NUMBER OF CHILD- REN	{ If married, age at (first) marriage <i>22</i> years Parent of <i>6</i> children, of whom <i>1</i> are living

BIRTHPLACE (State or country)
*New Jersey*NAME OF FATHER
*John Mark*BIRTHPLACE OF FATHER (State or country)
*Unknown*MAIDEN NAME OF MOTHER
*Esther Grolman*BIRTHPLACE OF MOTHER (State or country)
*Unknown*OCCUPATION
Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) *Mrs Polly Jordan*(Address) *Vermontville*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <i>June</i>	(Day) <i>27</i>	(Year) <i>1907</i>
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I HEREBY CERTIFY, That I attended deceased from *June 1* 1907, to *June 27* 1907, that I saw her alive on *June 5* 1907, and that death occurred, on the date stated above, at *12 P. M.* The CAUSE OF DEATH was as follows:

Old Age

(DURATION) DAYS

Contributory *Epithelioma of neck*(DURATION) *20 years*(Signed) *S B Stegeman* M. D.190 (Address) *Vermontville*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL
*Chester Mich*DATE OF BURIAL
June 29 1907UNDERTAKER
*W H Hammond*ADDRESS
*Vermontville*Filed *June 29* 1907 A TRUE COPY *R R Finley* Registrar

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

MARGIN RESERVED FOR BINDING.

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