

County of Eaton

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of VermontvilleRegistered No. 4

City of _____ (No. _____ St.; _____ Ward)

[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 Susanna Trass

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR white

DATE OF BIRTH (Month) (Day) (Year)
Jan 18 1828

AGE 79 YEARS 3 MONTHS 23 DAYS

SINGLE, MARRIED,
WIDOWED, OR DIVORCEDWidowedAGE AT MARRIAGE,
NUMBER OF CHILD-
REN

If married, age at (first) marriage 17 years

Parent of 9 children, of whom 7 are living

BIRTHPLACE
(State or country)OhioNAME OF
FATHERHenry TrassBIRTHPLACE
OF FATHER
(State or country)New YorkMAIDEN NAME
OF MOTHERSarah ClarkBIRTHPLACE
OF MOTHER
(State or country)Unknown

OCCUPATION

HousekeeperTHE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF(Informant) Susan Trass(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
May 10 1907

I HEREBY CERTIFY, That I attended deceased from
Jan 3 1907, to May 10 1907,
that I saw her alive on May 10 1907,
and that death occurred, on the date stated above, at 12 a. M.

The CAUSE OF DEATH was as follows:

carcinoma hepatitis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) C. S. Snell M. D.May 11 1907 (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

Woodlawn Cemetery

DATE OF BURIAL

May 12 1907

UNDERTAKER

Leff Hammond

ADDRESS

Vermontville

Filed

May 11 1907

A TRUE COPY

W. H. Triney

Registrar

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

MARGIN RESERVED FOR BINDING.

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