

PLACE OF DEATH
County of Eaton

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

Township of _____
or
Village of Vermontville
or
City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10
[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.]

(No. _____ St. _____ Ward _____)
FULL NAME Agnes Gayle Fathau

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) (Day) (Year)
December 2 1884

AGE
22 YEARS 11 MONTHS 17 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Michigan

NAME OF FATHER Carl Fathau

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Bertha Silka

PLACE OF MOTHER (State or country) Germany

OCCUPATION Student

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

(Informant) James W Campbell
(Address) Cleveland Ohio

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Nov 16 1907, that I saw he alive on Nov 15 1907, and that death occurred, on the date stated above, at 5 p. M.
The CAUSE OF DEATH was as follows:

Septic Meningitis

(DURATION) 14 DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) J. J. McEachern M. D.
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 Nov 19 1907

UNDERTAKER Ed Hammond ADDRESS Vermontville

Filed Nov 18 1907 A TRUE COPY D. R. Fendley Registrar

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

MARGIN RESERVED FOR BINDING.

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