

County of Eaton

Department of State—Division of Vital Statistics

Township of

or Vernonville

Village of

or

City of

(No.)

St.;

Ward)

Registered No. 2

[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

Clara A. Vaughan

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR		
<u>Female</u>	<u>white</u>		
DATE OF BIRTH	(Month)	(Day)	(Year)
<u>June</u>	<u>4</u>	<u>1831</u>	
AGE			
<u>76</u> YEARS <u>10</u> MONTHS <u>21</u> DAYS			
SINGLE, MARRIED, WIDOWED, OR DIVORCED			
<u>widowed</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN	If married, age at (first) marriage <u>48</u> years		
	Parent of <u>no</u> children, of whom <u>—</u> are living		
BIRTHPLACE (State or country)			
<u>Vermont</u>			
NAME OF FATHER			
<u>Wait J. Squire</u>			
BIRTHPLACE OF FATHER (State or country)			
<u>Vermont</u>			
MAIDEN NAME OF MOTHER			
<u>Abigail Powell</u>			
BIRTHPLACE OF MOTHER (State or country)			
<u>Vermont</u>			
OCCUPATION			
<u>Housekeeper</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant) <u>Wait H. Squire</u>			
(Address) <u>Walton Minn</u>			

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	<u>April</u>	<u>25</u>	190 <u>8</u>
I HEREBY CERTIFY, That I attended deceased from <u>Feb 9</u> 190 <u>8</u> , to <u>Apr 25</u> , 190 <u>8</u> , that I saw h <u>er</u> alive on <u>April 25</u> , 190 <u>9</u> , and that death occurred, on the date stated above, at <u>2 P. M.</u>			
The CAUSE OF DEATH was as follows:			
<u>Bronchial trouble followed by Apoplexy</u>			
(DURATION) <u>4</u> DAYS			
Contributory			
(DURATION)			
(Signed) <u>J. D. McEachern</u> M. D.			
<u>Apr 27</u> 190 <u>8</u> (Address) <u>Vernonville</u>			
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		DATE OF BURIAL	
<u>Woodlawn Cemetery</u>		<u>Apr 28</u> 190 <u>8</u>	
UNDERTAKER		ADDRESS	
<u>D. J. Donovan</u>		<u>Charlotte</u>	
Filed		A TRUE COPY	
<u>Apr 27</u> 190 <u>8</u>		<u>O. R. Finley</u>	
		Registrar	

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 bks., 100 pages.

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