

County of Eaton

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of Vermontvilleor
City of _____ (No. _____ St.; _____ Ward)Registered No. 4

[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 Melinda H Corvill

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 bks., 100 pages.

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR <u>White</u>		
DATE OF BIRTH	(Month) <u>Nov</u>	(Day) <u>25</u>	(Year) <u>1834</u>
AGE <u>73</u> YEARS <u>6</u> MONTHS <u>19</u> DAYS			
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>25</u> years Parent of <u>3</u> children, of whom <u>2</u> are living			
BIRTHPLACE (State or country) <u>Canada</u>			
NAME OF FATHER <u>Ellis Campbell</u>			
BIRTHPLACE OF FATHER (State or country) <u>Canada</u>			
MAIDEN NAME OF MOTHER <u>Melissa Chamberlain</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Canada</u>			
OCCUPATION <u>Housekeeper</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant) <u>Mr Thor Campbell</u>			
(Address) <u>Vermontville</u>			

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH	(Month) <u>May</u>	(Day) <u>14</u>	(Year) <u>1908</u>
I HEREBY CERTIFY, That I attended deceased from <u>May 14 1908</u> , to <u>May 14 1908</u> , that I saw him <u>52</u> alive on <u>May 14 1908</u> , and that death occurred, on the date stated above, at <u>1 P.</u> M.			
The CAUSE OF DEATH was as follows:			
<u>Apoplexy</u>			
<u>1 1/2 hours</u> (DURATION) _____ DAYS			
Contributory _____ (DURATION) _____ DAYS			
(Signed) <u>J. D. McEachran</u> M. D. <u>May 16 1908</u> (Address) <u>Vermontville</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 <u>Woodlawn Cemetery</u>		DATE OF BURIAL <u>May 16 1908</u>	
UNDERTAKER <u>Leckhammond</u>		ADDRESS <u>Vermontville</u>	
Filed <u>May 15 1908</u>		A TRUE COPY <u>DR Finley</u>	
Registrar			