

County of _____

3009

[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 Cornelia G. Porter

DATE OF DEATH	(Month)	(Day)	(Year)
	May	28	1942

I HEREBY CERTIFY, That I attended deceased from
Feb 8 1902, to Mar 17 1902,
that I saw her alive on Mar. 17 1902,
and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH was as follows:

Subarachnoid hemorrhage

Softening

Coma death

(DURATION) _____ DAYS

Contributory (DURATION) DAYS

(Signed) C-S Snell M.D.

Apr 4 1962 (Address) Vermontville, Mich.

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
711 1st Ave *Mar. 31 1902*

UNDERTAKER R. L. H. ADDRESS 211 W. 11th St.

Filed *1-2-18* *Hammond* *0* *wa*
A TRUE COPY
1-2-18 *Hammond* *0* *wa*

Sept. 4 1904 - C. F. Anderson Registrar

..... (Address)
TELEPHONE

Form 93-11-05-500 bks., 100 pages.