PLACE OF DEATH

County of Eato

Township of Vermontville

or

Village of

or

City of

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

(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 Catherine Louise Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH	(Month)	(Day)	(Year)
	Oct	14	1914

AGE: Still born ..... YEARS, ... MONTHS, ... DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Na

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): Mich

NAME OF FATHER: Kennon Hall

BIRTHPLACE OF FATHER (State or country): Mich

MAIDEN NAME OF MOTHER: Mary Green

BIRTHPLACE OF MOTHER (State or country): Mich

OCCUPATION: Non

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

(Informant) Kenneth E. Hall.

(Address) Vermontville.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
			190

I HEREBY CERTIFY, That I attended deceased from Oct 14 1914, to Oct 14, 1914, that I saw h[illegible] alive on ..... 1914, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH was as follows:

Still born.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. L. McEachon M. D.

Oct 15 1914 (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: Oct 15 1914

UNDERTAKER: None H. L. Hammond.

ADDRESS

Filed Oct 15 1914

A TRUE COPY C. H. Lant Registrar

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

MARGIN RESERVED FOR BINDING.

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