

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of CalhounTownship of Vermont

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. 6

[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 Alta May Davis(No. '' St. '' Ward '')

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Nov 30 1880

AGE 35 YEARS, 6 MONTHS, 28 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

married

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

Geo. Hill

BIRTHPLACE OF FATHER (State or country)

England

MAIDEN NAME OF MOTHER

May Buggs

BIRTHPLACE OF MOTHER (State or country)

N.Y.

OCCUPATION

Housewife

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

(Informant) Rev. D. Davis(Address) Vermont

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
June 28 1905

I HEREBY CERTIFY, That I attended deceased from June 24 1905, to June 28 1905, that I saw her alive on June 28 1905, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows:

Diphtheria Necktie(DURATION) 5 DAYSContributory Acute Septicemia(DURATION) '' DAYS(Signed) L. L. O. McLaughlin M. D.Jan 29 1905 (Address) Vermont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence '' How long at place of death? '' DaysWhere was disease contracted, if not at place of death? ''

PLACE OF BURIAL OR REMOVAL

Woodlawn

DATE OF BURIAL

July 1 1905

UNDERTAKER

M. L. Hammond

ADDRESS

Vermont

Filed

July 1 1905

A TRUE COPY

L. H. Lark

Registrar