MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4

I PLACE OF DEATH

County Talon

Township Vermontville

Village Vermontville

City .....

(No. ..... St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rebecca R Sprague

(a) Residence No. ..... St., Ward .....
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (Write the word)
Female	White	~~Widow~~ Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Pandora Sprague

6 DATE OF BIRTH (Month, day and year) 1836 - 10 - 9

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
88	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) New York State

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (state or country) New Jersey.

12 MAIDEN NAME OF MOTHER Mia Roberts

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New Jersey

14 Informant Mrs Edward Sprague

(Address) Vermontville

15 Filed 7/27, 1925 C M Hart Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10th, 1925, to 6/25, 1925, that I last saw h[illegible] alive on 6/26, 19 ..... and that death occurred on the date stated above at 5:1 m.

The CAUSE OF DEATH* was as follows:

apoplexy.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C L Mc Laglen, M. D.

June 27, 1925. Address Vermontville.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Vermontville. Date of Burial 6/28 1925

2 UNDERTAKER Fred R Baine Address Charlotte

MARGIN RESERVED FOR BINDING

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

203