

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		MICHIGAN DEPARTMENT OF HEALTH	
County	<u>Calton</u>	Division of Vital Statistics	
Township	<u>Vermontville</u>	TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village	<u>IL</u>	Registered No. <u>3</u>	
City	(No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
2 FULL NAME <u>Christiana Seitz</u>			
(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 <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Widow</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>George Seitz</u>			
6 DATE OF BIRTH (Month, day and year)			
7 AGE	Years <u>82</u>	Months <u>10</u>	Days <u>6</u>
	If LESS than 1 day _____ hrs. OR _____ min.		
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>housewife</u>			
(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) <u>Germany</u>			
10 NAME OF FATHER <u>M. Bentert</u>			
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>Germany</u>			
12 MAIDEN NAME OF MOTHER <u>unknown</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Germany</u>			
14 Informant <u>Mrs. Liza Lake</u> (Address) <u>Vermontville</u>			
15 Filled <u>5/1</u> , 19 <u>25</u> <u>B. A. Lamb</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>4/30</u> 19 <u>25</u>			
17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.			
that I last saw her alive on <u>4/30</u> , 19 <u>25</u> and			
that death occurred on the date stated above at <u>2:15</u> p.m.			
The CAUSE OF DEATH* was as follows:			
<u>Pneumonia</u>			
(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) <u>C. J. Sneed</u> M. D.			
<u>5/1</u> , 19 <u>25</u> , Address <u>Vermontville</u>			
*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 <u>Vermontville</u> Date of Burial <u>5/2</u> 19 <u>25</u>			
2 UNDERTAKER <u>W. H. Hess</u> Address <u>Vermontville</u>			