

1 PLACE OF DEATH  
County 8th  
Township Vermontville  
Village 11  
City

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

2 FULL NAME Harriet S. Bass

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

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

6 DATE OF BIRTH (Month, day and year) Jan 2 11851

7 AGE Years 74 Months 7 Days 18 If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ m.n.

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) near Galesburg Mich

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town) (state or country) M. G.

12 MAIDEN NAME OF MOTHER Judith Bhaalalain

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Vermont

14 Informant Mr. M. Horton  
(Address) Vermontville Mich

15 Filled 8/24, 1925 G. A. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 21, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1925, to Aug 21, 1925, that I last saw him alive on Aug 21, 1925, and that death occurred on the date stated above at 7 P m.

The CAUSE OF DEATH\* was as follows:

Multiple hepatic abscess  
secondary to  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary)

(duration) 2 yrs. 4 mos. 3 ds.

18 Where was disease contracted

If not at place of death? Y.

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. S. Snell M. D.

Aug 24, 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

Galena Mich Date of Burial 8/24 1925

2 UNDERTAKER Delney Johnson Address Dellenville

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

MARGIN RESERVED FOR BINDING

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