

I PLACE OF DEATH
County Edk
Township Vernonville
Village 1

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City 1 (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Estella Young Sennell

(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>Divorced</u>		
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>6. W. Sennell</u>				
6 DATE OF BIRTH (Month, day and year)				
7 AGE	Years	Months	Days	If LESS than 1 day _____ hrs. OR _____ min.
<u>65</u>	<u>0</u>	<u>0</u>	<u>18</u>	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer. None

9 BIRTHPLACE (city or town) (state or country) Edk Co. N

10 NAME OF FATHER William G. Young
11 BIRTHPLACE OF FATHER (city or town) (state or country) unknown
12 MAIDEN NAME OF MOTHER May D. Deal
13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Young
(Address) 2400 1st St.

15 Filed July 22, 1926 C. H. H.
Registrar.

16 DATE OF DEATH
(Month, day and year) Feb 19 1926

17 I HEREBY CERTIFY, That I attended deceased from
Feb 19, 1926, to Feb 19, 1926
that I last saw he alive on Feb 19, 1926, and
that death occurred on the date stated above at 5 P m.

The CAUSE OF DEATH* was as follows:
berthel Hemerage

(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? Yes Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) B. S. Sennell M. D.
, 19 _____, Address _____

*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

Green Cemetery Date of Burial 2/21 1926

2 UNDERTAKER Address

L. A. Hildinger Edk Co.

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

MARGIN RESERVED FOR BINDING

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