

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH  
 County Edgemoor  
 Township Vermontville  
 Village                       
 City                     

## MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5(No.                      St.                      Ward                     )  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Mildred Janette Andrews(a) Residence No. R R D #1 Charlotte 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>single</u>
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5a If married, widowed or divorced  
HUSBAND of  
(or) WIFE of6 DATE OF BIRTH (Month, day and year) 3/12/26

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. OR.....min.
<u>stillborn</u>				

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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) Vermontville10 NAME OF FATHER Don Andrews11 BIRTHPLACE OF FATHER (city or town) (state or country) Mich.12 MAIDEN NAME OF MOTHER Gertrude Briggs13 BIRTHPLACE OF MOTHER (city or town) (state or country) Mich.14 Informant L. L. B. McLaughlin  
(Address) Vermontville15 Filled 3/13, 1926 L. H. Lane  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/12 192617 I HEREBY CERTIFY, That I attended deceased from 3/12, 1926, to 3/12, 1926that I last saw her alive on                     , 1926 and that death occurred on the date stated above at                      m.

The CAUSE OF DEATH\* was as follows:

stillborn infant

(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) L. L. B. McLaughlin M. D.3/12, 1926, 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 3/13 19262 UNDERTAKER W. H. Lane Address Vermontville