

1 PLACE OF DEATH  
County Edin  
Township Vermontville  
Village "

# MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City " (No. " St. " Ward ")  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)  
2 FULL NAME Jane R. Manfield  
(a) Residence No. " St., Ward "  
(Usual place of abode)  
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.

Registered No. 16

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Female 4 Color or Race Wht 5 Single, Married, Widowed or Divorced (Write the word) Widow

5a If married, widowed or divorced  
HUSBAND of W. M. Manfield  
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Jan 19 1851

7 AGE Years Months Days If LESS than 1 day... hrs. OR... m'n.  
74 8 3

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work house wife  
(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) Nova Scotia

10 NAME OF FATHER Henry Smith Brackett

11 BIRTHPLACE OF FATHER (city or town) (state or country) Nova Scotia

12 MAIDEN NAME OF MOTHER May Rich Hatch

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Nova Scotia

14 Informant G. J. Haight  
(Address) Vermontville, Mich

15 Filed 9/26, 1926 G. H. Fink  
Registrar.

MEDICAL CERTIFICATE OF DEATH  
16 DATE OF DEATH (Month, day and year) Sept 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Sept 22, 1926, that I last saw him alive on Sept 22, 1926, and that death occurred on the date stated above at 2 P. m.

The CAUSE OF DEATH\* was as follows:  
Myocarditis Euclocondatis  
diphtheria

(duration) yrs. mos. ds.

CONTRIBUTORY agaypsley  
(Secondary) (duration) yrs. mos. ds.

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

Did an operation precede death? No Date of "

Was there an autopsy? No

What test confirmed diagnosis?  
(Signed) Leland E. Kelly M. D.  
9/22, 1926, Address Hastings

\*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 Date of Burial Sept 22 1926

2 UNDERTAKER Nespeira Seelay Address Hastings  
Chas. A. Leonard

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

MARGIN RESERVED FOR BINDING

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223