

1 PLACE OF DEATH  
 County Eden  
 Township Vermont  
 Village 11  
 City \_\_\_\_\_

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 19

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

2 FULL NAME Lord M Brewster

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year) 1884-10-16

7 AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ m'n.  
41 2 9

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) Land Point Eden Pa

10 NAME OF FATHER Henry Mason

11 BIRTHPLACE OF FATHER (city or town) (state or country) Penn

12 MAIDEN NAME OF MOTHER Harriet Ashley

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Vt.

14 Informant Robert Brewster  
 (Address) Vermont

15 Filed 12/26, 1924 B. H. H.  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 25 1924

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1922, to Dec 25, 1924

that I last saw h. alive on Dec 25, 1924 and that death occurred on the date stated above at 99 m.

The CAUSE OF DEATH\* was as follows:  
Apoplexy  
chronic nephritis  
 (duration) 2 yrs. 2 mos. 15 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) Dr. D. W. Foght M. D.  
12/26, 1924, Address Vermont

\*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 Walam Date of Burial 12/29 1924

2 UNDERTAKER Dr. D. W. Foght Address Vermont

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

MARGIN RESERVED FOR BINDING

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