

1 PLACE OF DEATH  
County Both  
Township Vermontville  
Village 1

# MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5

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

2 FULL NAME Addie Dancer

(a) Residence No. 1 St., Ward 1  
(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) Married

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

6 DATE OF BIRTH (Month, day and year) 1867-6-11

7 AGE Years 59 Months 6 Days 11 If LESS than 1 day hrs. OR min.

### 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) Mich.

10 NAME OF FATHER Thomas Miller

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

12 MAIDEN NAME OF MOTHER May C. McCreary

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

14 Informant Jesse Dancer  
(Address) Vermontville

15 Filed 3/28, 1927 L. A. Ford  
Registrar.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1926, to 3/25, 1927, that I last saw her alive on 3/25, 1927, and that death occurred on the date stated above at h. d.

The CAUSE OF DEATH\* was as follows:

chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myx. & hyperthyroidism  
(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? h Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. Morris, M. D.

3/28, 1927, Address Nashville

\*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

Albany & rd. Date of Burial 3/28 1927

2 UNDERTAKER

L. A. Ford Address Nashville

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

MARGIN RESERVED FOR BINDING

Form 93a-9-5-21-1000 Books-100 pages.