MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5

1 PLACE OF DEATH

County Calhoun

Township Vermontville

Village "

City

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

2 FULL NAME Jennie Downing

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

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

6 DATE OF BIRTH (Month, day and year) 1845 - 5-30

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
	82	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk.

(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) N. Y. S.

PARENTS

10 NAME OF FATHER James

11 BIRTHPLACE OF FATHER (city or town) (state or country) N. Y. S.

12 MAIDEN NAME OF MOTHER ———

13 BIRTHPLACE OF MOTHER (city or town) (state or country) N. Y. S.

14 Informant Sara Nelson

(Address) Olivet, Mich.

15 Filed 3/21, 1928 L. A. Lamb Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/18 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1925, to 3/18, 1928

that I last saw her alive on 2/14, 1928 and

that death occurred on the date stated above at ..... m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

" of rectum

(duration) 2 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? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. A. Snell, M. D.

3/21, 1928. 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 Vermontville. Date of Burial 3/20 1928

2 UNDERTAKER D. W. Horn Address Vermontville

MARGIN RESERVED FOR BINDING

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

Form 93a—9-5-21—1000 Books—100 pages.

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