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MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7

I PLACE OF DEATH

County Cal

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 Mary Jane Diehl

(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.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year) 1848 - 11 - 17

7 AGE Years	Months	Days	If LESS than 1 day ... hrs. OR ... min.
79	5	13	

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) Ill.

PARENTS

10 NAME OF FATHER Joseph Morgan

11 BIRTHPLACE OF FATHER (city or town) (state or country) New Jersey

12 MAIDEN NAME OF MOTHER Mary Ann Gilbert

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

14 Informant Oscar Morgan

(Address) Vermontville

15 Filed 5/3, 1928 C A Lant Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 4/30 1928

17 I HEREBY CERTIFY, That I attended deceased from 4/3, 1928, to 4/30, 1928

that I last saw her alive on 4/20, 1928 and

that death occurred on the date stated above at 1 p. m.

The CAUSE OF DEATH* was as follows:

general Paralysis of the insane.

(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? No

What test confirmed diagnosis?

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

5/3, 1928, 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 Freeport — Date of Burial 5/3 1928

2 UNDERTAKER R. L. Hess — Address Marshall

MARGIN RESERVED FOR BINDING

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

Form 93a—9-5-21—1000 Books—100 pages.