

1 PLACE OF DEATH  
County Ben  
Township Vermontville  
Village 1'  
City

# MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 11

2 FULL NAME Algina Eliza Powers

(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 F 4 Color or Race W. 5 Single, Married, Widowed or Divorced (write the word) Widow

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

6 DATE OF BIRTH (Month, day and year) Nov 26 / 1853

7 AGE Years Months Days If LESS than 1 day hrs. OR min.  
74 10 5

### 8 OCCUPATION OF DECEASED

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

(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) Bellevue Mich.

10 NAME OF FATHER James Lush

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

12 MAIDEN NAME OF MOTHER May Benham

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

14 Informant Irvin Powers  
(Address) Vermontville

15 Filed 11/9, 1928 L. A. Lamb  
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 10 / 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 / 20, 1920, to Oct 20, 1928, that I last saw him alive on Oct 2, 1928 and that death occurred on the date stated above at 11 P m.

The CAUSE OF DEATH\* was as follows:

Chronic Interstitial Nephritis

(duration) 4 yrs.  mos.  ds.

CONTRIBUTORY (Secondary) Organ crushed

(duration) 4 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) B. L. D. McLaughlin M. D.

Nov 2, 1928, Address Vermontville Mich

\*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

Kalamazoo Mich

Nov 2 1928

2 UNDERTAKER

Address

B. D. Ness

Vermontville Mich

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.