

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH  
 County Polk  
 Township Vermontville  
 Village .....

MICHIGAN DEPARTMENT OF HEALTH  
 Division of Vital Statistics  
 TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

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

2 FULL NAME Harnet A. Littel

(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<br><u>Female</u>   | 4 Color or Race<br><u>Wht.</u> | 5 Single, Married, Widowed or Divorced (Write the word)<br><u>Widowed</u> |                   |   |
| 5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Edward</u> |                                |   |                   |   |
| 6 DATE OF BIRTH (Month, day and year) <u>1831-8-5</u>                    |                                |   |                   |   |
| 7 AGE  | Years<br><u>55</u>             | Months<br><u>4</u>  | Days<br><u>23</u> | If LESS than 1 day..... hrs. OR..... min. |

16 DATE OF DEATH (Month, day and year) 9/2 1925  
 17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Sept 1<sup>st</sup>, 1925 that I last saw h..... alive on Sept 1<sup>st</sup>, 1925 and that death occurred on the date stated above at.....m.  
 The CAUSE OF DEATH\* was as follows:  
Cerebral Softening

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.

(duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (Secondary) Paralysis  
Progressive (duration) ..... yrs. .... mos. .... ds.

9 BIRTHPLACE (city or town) (state or country) Olewi  
 10 NAME OF FATHER Charles Albert  
 11 BIRTHPLACE OF FATHER (city or town) (state or country) N.Y.  
 12 MAIDEN NAME OF MOTHER Lucinda Brown  
 13 BIRTHPLACE OF MOTHER (city or town) (state or country) Vermont

18 Where was disease contracted If not at place of death? .....  
 Did an operation precede death? No Date of .....  
 Was there an autopsy? No  
 What test confirmed diagnosis? results  
 (Signed) L. S. Littel M. D.  
Sept 3, 1925, Address Vermontville

14 Informant Nestle Moore  
 (Address) Jackson, Mich  
 15 Filled Oct 5, 1925 by B. H. Littel Registrar.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Vermontville Date of Burial 9/4 1925  
 2 UNDERTAKER Hess Address Vermontville

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