

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

I PLACE OF DEATH		MICHIGAN DEPARTMENT OF HEALTH	
County <u>Eastern</u>		Division of Vital Statistics	
Township <u>Vernonville</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Vernonville</u>		Registered No. <u>3</u>	
City _____		(No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Ladie E. Lake</u>			
(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.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Married</u>	
5a If married, widowed or divorced <u>HUSBAND OF</u> (or) WIFE of <u>Eldora D. Lake</u>			
6 DATE OF BIRTH (Month, day and year) <u>Jan 15, 1861</u>			
7 AGE	Years	Months	Days
<u>68</u>	<u>2</u>	<u>3</u>	<u>3</u>
If LESS than 1 day _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) <u>Hastings Mich</u>			
10 NAME OF FATHER <u>Fred Hasson</u>			
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>England</u>			
12 MAIDEN NAME OF MOTHER <u>Unknown</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Unknown</u>			
14 Informant <u>Eldora D. Lake</u> (Address) <u>Vernonville Mich</u>			
15 Filled <u>3/18</u> , 19 <u>29</u> <u>E. L. Vane</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Mar 18</u> 19 <u>29</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 4</u> , 19 <u>28</u> , to <u>Mar 18</u> , 19 <u>29</u> that I last saw her alive on <u>March 18</u> , 19 <u>29</u> and that death occurred on the date stated above at <u>7:20</u> a.m. The CAUSE OF DEATH* was as follows: <u>Encipheletus Sepsargia</u>			
(duration) _____ yrs. <u>1</u> mos. <u>3</u> ds.			
CONTRIBUTORY (Secondary) <u>Influenza</u> (duration) _____ yrs. _____ mos. <u>5</u> 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) <u>E. B. McLaughlin</u> , M. D. <u>3-18</u> , 19 <u>29</u> , Address <u>Vernonville</u>			
*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 <u>Wood Lane Vernonville</u> Date of Burial <u>3-22</u> 19 <u>29</u>			
2 UNDERTAKER <u>Miron E. Pray</u> Address <u>Charlotte</u>			