MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

1 PLACE OF DEATH

County Eaton

Township

Village Vermontville

City

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

2 FULL NAME Flora Earnestine Snell

(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 50 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	Married

5a If married, widowed or divorced
~~HUSBAND~~ of
(or) WIFE of Charles. S. Snell

6 DATE OF BIRTH
(Month, day and year) July 18 1879

7 AGE	Years	Months	Days	If LESS than 1 day hrs. OR min.
	73	6	9	

8 OCCUPATION OF DECEASED

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

(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) Portland, Maine

PARENTS

10 NAME OF FATHER Alexander Waite

11 BIRTHPLACE OF FATHER (city or town)
(state or country) Portland maine

12 MAIDEN NAME OF MOTHER Mary Sweat

13 BIRTHPLACE OF MOTHER (city or town)
(state or country) Portland maine

14 Informant Leroy W. Snell

(Address)

15 Filed 8-5, 1929 Claude Kline Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
(Month, day and year) July 26 1929

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1929, to July 26, 1929

that I last saw her alive on July 26, 1929 and

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

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Had been suffering

10 Slight Cerebrals

One days
(duration) yrs. mos. ds.

CONTRIBUTORY Rheumatism
(Secondary)

(duration) 10 yrs. mos. ds.

18 Where was disease contracted
If not at place of death? Vermontville Mich

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically Diagnosed

(Signed) E. S. Snell M. D.

July 27 1929. 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 Woodlawn Cemetery Vermontville — Date of Burial 7-28 1929

2 UNDERTAKER K K. Ward — Address Vermontville

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

MARGIN RESERVED FOR BINDING

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