

1 PLACE OF DEATH

County Eaton

Township

Village Vermontville

City

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7

St. Ward

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

2 FULL NAME Catherine Mary Green

(a) Residence No. Vermontville Mich 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 Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND OF John L. Green (or) WIFE of

6 DATE OF BIRTH (Month, day and year) Dec 4th 1840

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min. 88 8 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) New York

10 NAME OF FATHER WM Rulison

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

12 MAIDEN NAME OF MOTHER Polly Cobb

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Arthur Barry (Address) Vermontville Mich

15 Filed Aug 15, 1929 Chas. Hine Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 13th 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1929, to Aug 13, 1929 that I last saw her alive on Aug 13, 1929 and that death occurred on the date stated above at 3 a.m.

The CAUSE OF DEATH* was as follows:

Small Pox

(duration) 1 yrs. mos. ds.

CONTRIBUTORY Arterio Sclerosis (Secondary) (duration) 5 yrs. mos. 12 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) E. L. H. M. S. Langhorne Aug 14, 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 Date of Burial

Woodlawn Cemetery Vermontville Mich Aug 15, 1929

2 UNDERTAKER Address

J. H. Ward Vermontville Mich

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MARGIN RESERVED FOR BINDING

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