MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

1 PLACE OF DEATH

County Eaton

Township

Village Vermontville

City

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

2 FULL NAME Elyzabeth Garn

(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	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 Jesse Garn

6 DATE OF BIRTH (Month, day and year) Sept 11 1854

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
74	11	14	

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) Pennsylvania

PARENTS

10 NAME OF FATHER John Bryant

11 BIRTHPLACE OF FATHER (city or town) (state or country) Penn

12 MAIDEN NAME OF MOTHER Hannah Fidler

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Penn

14 Informant Jesse Garn
(Address) Vermontville Mich

15 Filed Aug 26, 1929 Chas. L. Hine Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 25th 1929

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1929 to Aug 25, 1929

that I last saw her alive on 7:30 PM 19 ..... and

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

The CAUSE OF DEATH* was as follows:

Senoma of Duodenum

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... 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 tests confirmed diagnosis?

(Signed) E. L. McLaughlin, M. D.

Aug 26 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 Gresham Sunday

Date of Burial Aug 27 1929

2 UNDERTAKER H. H. Ward

Address Vermontville

Form 93a—9-5-21—1000 Books—100 pages.

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

MARGIN RESERVED FOR BINDING

264