

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH
 County Caton
 Township _____
 Village Vermontville
 City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

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

2 FULL NAME Flora E. Hammond

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

5a If married, widowed or divorced
 HUSBAND OF E. B. Hammond
 (or) WIFE OF

6 DATE OF BIRTH (Month, day and year) Oct 11th 1852

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
77 3 29

8 OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.

Retired

9 BIRTHPLACE (city or town) (state or country) Massachusetts

10 NAME OF FATHER John Williams

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

12 MAIDEN NAME OF MOTHER Unkown

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

14 Informant E. B. Hammond
 (Address) Vermontville

15 Filed 2-10, 1930 Charles Bine
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 10th 1930

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1930, to Feb 10, 1930

that I last saw her alive on Feb 10, 1930 and that death occurred on the date stated above at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Influenzal Infection(duration) _____ yrs. _____ mos. 3 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 test confirmed diagnosis?

(Signed) E. L. O. M. Laughlin M. D.2-10, 1930, 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

Wood Lane - Vermontville Feb 11th 1930

2 UNDERTAKER

Address

K. K. Wood Vermontville