MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4

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 Nellie Viola Mason

(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 1 yrs. 6 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 Howard Mason

6 DATE OF BIRTH (Month, day and year) 1894 - nov 7

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
35	9	9	

8 OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer. none

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

PARENTS

10 NAME OF FATHER Charles Anderson

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

12 MAIDEN NAME OF MOTHER Elizabeth McLodan

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

14 Informant Ray Anderson

(Address) Vermontville Mich

15 Filed 2-16, 1930 Clara Kline Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 2-16 1930

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1930, to Feb 16, 1930

that I last saw her alive on Feb 16, 1930 and

that death occurred on the date stated above at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

following Influenza

(duration) yrs. mos. 13 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. H. McLaughlin M. D.

2-16, 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
Dutton Mich	2-18 1930
2 UNDERTAKER Harris & Ellis	Address Lansing

MARGIN RESERVED FOR BINDING

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

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