

PLACE OF DEATH

County Eaton  
 Township Reynolds  
 Village \_\_\_\_\_

STATE OF MICHIGAN

Department of State - Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 247

City \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward \_\_\_\_\_

2 FULL NAME Mary Amelia Lyons

APR - 5 1918

(a) Residence No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
 (Usual place of abode.) Reynolds, Eaton Co. (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 (or) WIFE of James M. Lyons

6 DATE OF BIRTH (Month, day and year.) Feb. 16<sup>th</sup> 1840

7 AGE Years 78 Months 0 Days 24  
 If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

8 OCCUPATION OF DECEASED  
 (1) Trade, profession, or particular kind of work. Farmer & widow  
 (2) General nature of industry, business, or establishment in which employed (or employer). Timber farm  
 (3) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Michigan

10 NAME OF FATHER Bury Hobbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

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

14 Informant Frankie Lyons  
 (Address) Mulliken, Michigan

15 Filed Mar 15 1918 Per Mattice  
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar 12<sup>th</sup> 1918

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1918, to March 12, 1918, that I last saw her, alive on March 11, 1918, and that death occurred on the date stated above at 1206 St.

The CAUSE OF DEATH\* was as follows:  
Pneumonia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
91

CONTRIBUTORY (Occupation) \_\_\_\_\_ (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?  
 (Name) George W. Snyder M. D.  
9 of 8 124 E. Main Mulliken Mich

\*State the Disease Causing Death, or if death from Venereal Disease state (1) MANNER, NATURE or FORM, and (2) whether Acute, Chronic, or Hereditary. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL. Date of Burial 2/12/18  
Meadow Brook Cemetery

20 UNDERTAKER F. E. Holland Mulliken

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