

## PLACE OF DEATH

## STATE OF MICHIGAN

County Eaton

Department of State—Division of Vital Statistics

Township Quida

## CERTIFICATE OF DEATH

Village \_\_\_\_\_

Registered No. 46City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give the NAME instead of street and number.)2 FULL NAME Lora M. Wallace

APR - 5 '18

(a) Residence, No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred 0 yrs. 00 mos. 00 ds. New born in U. S. If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

8 SEX Female Color or Race White 9 Single, Married, Widowed or Divorced (write the word.) Married16 DATE OF DEATH (Month, day and year) Mar 31 19185a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Wallace17 I HEREBY CERTIFY, That I attended deceased from March 7, 1918, to March 30, 1918 that I last saw her alive on March 30, 1918 and that death occurred on the date stated above at 20 m. The CAUSE OF DEATH\* was as follows:6 DATE OF BIRTH (Month, day and year.) Aug 26 - 18397 AGE Years 82 Months 7 Days 5 If LESS than 1 day, \_\_\_\_\_ hr. OR \_\_\_\_\_ min.

The CAUSE OF DEATH\* was as follows:

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife  
(b) Usual place of industry, business, or establishment in which employed (or employer)  
(c) Name of employerUterine Cancer  
42  
Duration 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.9 BIRTHPLACE (city or town) (State or Country) New YorkCONTRIBUTORY (Secondary) Septic infection  
Peritonitis  
Duration \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.10 NAME OF FATHER Wm. Wiley

18 Where was disease contracted If not at place of death? \_\_\_\_\_

11 BIRTHPLACE OF FATHER (city or town) (State or Country) ScotlandDid an operation precede death? No Date of \_\_\_\_\_12 MARRIED NAME OF MOTHER unknownWas there an autopsy? No13 BIRTHPLACE OF MOTHER (city or town) (State or Country) unknownWhat test confirmed diagnosis? None14 Informant John Post (Address) \_\_\_\_\_(Signed) S. Martha Ludema  
April 18, 1918 Address Grand Lodge Mt15 Filed April 3, 1918 Ray Hamilton Registrar

\*State the DISEASE CAUSING DEATH, or in death from Venereal Diseases, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Bakewood Cem Date of Burial Apr 2, 191820 UNDERTAKER Les. E. Serke Address Grand Lodge

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