

STATE OF MICHIGAN

County Washtenaw 9150
 Township Washtenaw REGISTERED OFFICE OF DEATH
 Village _____ MAR - 6 '18 Registered No. 24

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

2 FULL NAME Emma Susan Sheets

(a) Residence, No. _____ St., Ward _____
 (Usual place of abode.)
 Length of residence in city or town where death occurred 45 yrs. 6 mo. 3 da. How long in U. S. if of foreign birth? _____ yrs. _____ mo. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 High, Married, Widowed or Divorced (write the word.) Married

6a If married, widowed, or divorced (or) WIFE of Andrew Sheets

7 DATE OF BIRTH (Month, day and year.) August 23rd 1872

7 AGE Years 45 Months 6 Days 3 IF LESS than 1 day _____ hrs. OR min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Farmer's wife
 (b) Character of service, occupation, or employment, with employer or institution.
 (c) Name of carrier.

9 BIRTHPLACE (city or town) (State or country.) Easton Co Michigan

10 NAME OF FATHER Isaac Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country.) New York

12 MAIDEN NAME OF MOTHER Catharine Hedder

13 BIRTHPLACE OF MOTHER (city or town) (State or country.) not known

14 Informant Andrew Sheets
 (Address) Charlotte Michigan

15 File No. 24 (In case of multiple deaths)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb. 26th 1918 1918

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1918 to Feb 26, 1918 that I last saw him alive on Feb 24, 1918 and that death occurred on the date stated above at 10⁰⁰ P.M. The CAUSE OF DEATH* was as follows:

Organic Heart Disease
Mitral regurgitation
and stenosis. 79
 (duration) _____ yrs. _____ mo. _____ da.

CONTRIBUTORY (Secondary) Dropsy (duration) 2 yrs. 6 mo. _____ da.

18 Where was disease contracted? (If not at place of death?) at Home

Did an operation precede death? (yes) _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Heart examination and X-rays
 (Date) Feb 7, 1918 Address Charlotte Michigan

*State the DURESS CAUSES DEATH, or its death from VIOLENT CAUSES, such (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 Medmore Cemetery Date of Burial Mar 1st 1918

20 UNDERTAKER Frank C. Halland Milliken Mich

WEAVE PLATE USING INK-THE A PERMITS