

PLACE OF DEATH

STATE OF MICHIGAN

Department of State, Division of Vital Statistics

County Jefferson  
City Jefferson

CERTIFICATE OF DEATH

OCT 7 1920

Registered No. 257

If this occurred in a hospital or institution give its name instead of street and number.

FULL NAME Elizabeth P. Bailey

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OF HAIR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

DATE OF BIRTH Sept 8 1841

AGE 76 years 0 months 20 days

OCCUPATION Housewife

BIRTHPLACE Jefferson Twp. Hillsdale Co

NAME OF FATHER Stephen P. Perrin

BIRTHPLACE OF FATHER Proctor, Conn

MARIED NAME OF MOTHER Catharine Clewley

BIRTHPLACE OF MOTHER St. Rood - New York

NAME ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Miss Sarah Perrin

(Address) Pittsford Mich

NAME OF WITNESS H. J. Perrin

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 28 1920

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1920, to Sept 28, 1920, that I last saw her alive on Sept 27, 1920, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH\* was as follows:  
Bronchial  
Pneumonia 91

Contributory None  
(Secondary)  
(Cause)  
Sept 27, 1920 (Address) Jefferson Mich

\*State the Dominant Cause, or, in doubt, two, VITALITY CAUSE, with (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

IDENTITY OF RESIDENCE (IF IN HOSPITAL, INSTITUTION, TRAVELING OR SOJOURNING)  
At place of death yrs. mos. da. In the State yrs. mos. da.  
Where and when contracted.  
If not at place of death  
Cause of death  
Manner of death

PLACE OF BURIAL OR REMOVAL Jefferson Mem. DATE OF BURIAL Sept 29, 1920

NAME OF WITNESS Geo. J. Pletcher Pittsford Mich  
#1575