

CERTIFICATE OF DEATH

Registered No. 5

1. PLACE OF DEATH  
County Hillsdale  
Township Jefferson  
Village \_\_\_\_\_

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

2. FULL NAME Mrs Lizzie A Boyle MAR 6 1920

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred 40 yrs. mos. \_\_\_\_\_ da. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, widowed or Divorced married  
(WRITE the word)

6 HUSBAND or WIFE of Folger Boyle

7 DATE OF BIRTH (Month, day and year) Nov 27 1889

8 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
40 2 8

9 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)  
(c) Name of employer

10 BIRTHPLACE (city or town) Jefferson Twp Michigan  
(State or country)

11 NAME OF MARRIAGE John Waters

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

12 MAIDEN NAME OF MOTHER Nettie Rose

13 BIRTHPLACE OF MOTHER (city or town) Jefferson Twp Mich  
(State or country)

14 Informant J. H. Miner  
(Address) Maple Grove Mich Hillsdale

15 Date Feb 10 1920 Hyge Pines  
Registered

MEDICAL CERTIFICATE OF DEATH

16 (Month, day and year) Feb 5 1920

I HEREBY CERTIFY, That I attended deceased from Jan 27 1920 to Feb 5 1920  
That I last saw him alive on Feb 5 1920  
and that death occurred on the date stated above at Maple Grove  
The CAUSE OF DEATH\* was as follows:

115  
Passive Hyperaemia of Liver  
(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
CONTRIBUTORY Lungs  
(Secondary) (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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

18 Was there an autopsy? No

19 What test confirmed diagnosis? \_\_\_\_\_  
(Signed) L. M. Jones M. D.

20 Address 3/7 1920 Osseo Mich

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

21 PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Grove Mich Date of Burial Feb 20

22 UNDERTAKER J. H. Miner Address Hillsdale Mich

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