

PLACE OF DEATH

STATE OF MICHIGAN

Department of State - Division of Vital Statistics

County Hillsdale
 Township Jefferson
 Village McCasa

CERTIFICATE OF DEATH

OCT - 7 1924

Registered No. 23

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

2. FULL NAME Mrs. Huldah P. Briggs

(A) Residence No. _____ St. _____ Ward _____
 (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

MEDICAL CERTIFICATE OF DEATH

1. SEX _____ 2. Color or Hair _____ 3. Single, Married, Wid-
 (WRITE the word.)
Female white widow

12. DATE OF DEATH _____
 (Month, day and year) Sept 9 1920

4. If married, widowed, or divorced
 (MARRIAGE or) WIFE of Nathaniel Smith Briggs

17. I HEREBY CERTIFY, that I attended deceased from
Sept 1st 1920 to Sept 9 1920
 I last saw her alive on Sept 9 1920 and
 that death occurred on the date stated above at P.M.

5. DATE OF BIRTH _____
 (Month, day and year.) Jan. 9. 1849

The CAUSE OF DEATH* was as follows:
Chronic Bronchorrhoea 90

AGE	Years	Months	Days	IF LESS than
	<u>71</u>	<u>5</u>	<u>0</u>	1 day, hrs. OR min.

6. 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

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

7. BIRTHPLACE (city or town) Whiteford, Mich
 (State or country)

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

8. NAME OF FATHER Unknown

19. Was there an autopsy? _____
 What test conducted _____ (signature) _____

9. BIRTHPLACE OF FATHER (city or town) Ohio
 (State or country)

20. Address 1111 Pittsford Mich

10. MAIDEN NAME OF MOTHER Theresa Fulton

21. *State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) NAME and NATURE of DISEASE, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

11. BIRTHPLACE OF MOTHER (city or town) Ohio
 (State or country)

22. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ Date of Burial _____

13. Interment Hermieser Hillsdale Mich
 (Address)

23. Undertaker Hermieser Hillsdale Mich

14. Date Sept 13 1924 H. J. Person Registrar

24. Date of Burial 9/12 1920