

STATE OF MICHIGAN

Department of State - Registrar General

CERTIFICATE OF DEATH

Reg. No. \_\_\_\_\_

FULL NAME *Cyrene Marie Britton* APR 8 1920

PERSONAL AND DOMESTIC PARTICULARS

SEX *Female* COLOR OF HAIR *White* MARRIAGE STATUS *Single*

DATE OF BIRTH *Feb. 25, 1920*

AGE *14*

OCCUPATION *None*

RESIDENCE *Michigan*

DECEASED'S NAME *Elio Elinus Britton*

DECEASED'S RESIDENCE *Mich.*

DECEASED'S RELATIONSHIP *Calara Edith Cousins*

DECEASED'S RESIDENCE *Mich.*

NAME AND ADDRESS OF THE NEXT OF KIN

*Elio Elinus Britton*

*Pittsford Mich.*

*Max. H. J. Peasin*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Mar 9 1920*

I, *John J. Gorman*, M.D., a duly licensed physician, do hereby certify that I last saw the above named deceased on *Mar 9, 1920*

and that her death occurred on the date stated above, and the CAUSE OF DEATH was as follows:

*Improper Closure Foremen Ovale.*

*150*

*14*

*Michigan*

*John J. Gorman*

*Physician*

*Michigan*

*John J. Gorman*

*Physician*

*Michigan*