

1. PLACE OF DEATH

County Hillsdale
Township _____

Village _____

City HillsdaleSTATE OF MICHIGAN
Department of State - Bureau of Vital Statistics

CERTIFICATE OF DEATH

NOV 6 1920
Registered No. 962. FULL NAME Mrs Mary Bryan(a) Residence No. 38 Wood St. WILL
(Usual place of abode.) (If non-resident give city or town and state.)
Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female Color or Race white Single, Married, Widowed or Divorced widow
(WRITE the word.)15 DAYS OF DEATH (Month, day and year) Oct 24 1920MARRIAGE (or) WIFE of Joseph BryanI HEREBY CERTIFY that I attended deceased from Jan 1918 to Oct 24 1920
and I last saw her alive on Oct 3 1920
that death occurred on the date stated above at 34 yrs.DATE OF BIRTH (Month, day and year) May 15 1839

The CAUSE OF DEATH was as follows:

AGE Years 81 Months 5 Days 9
If less than 1 day, hrs. OR min.Cancer of ThroatOCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (for employer)
(c) Name of employerCONTRIBUTORY (Secondary) NoBIRTHPLACE (city or town) (State or country) Ireland

12 Where was disease contracted? If not at place of death?

NAME OF FATHER Brady13 Did an epidemic prevail? No Date ofBIRTHPLACE OF FATHER (city or town) (State or country) IrelandWas there an autopsy? No

MARRIAGE NAME OF MOTHER (Unknown)

What test confirmed diagnosis? No
(Signed) Thos. J. Davenport, M. D.BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland14 PLACE OF BURIAL, CREMATION OR REMOVAL Hillsdale Date of DeathInterment Hillsdale Mich Catholic Cem15 PLACE OF BURIAL, CREMATION OR REMOVAL Hillsdale Date of DeathDate of Death Oct 25 1920 Name of Registrar Mary J. Jones16 PLACE OF BURIAL, CREMATION OR REMOVAL Hillsdale Date of DeathName of Registrar J. K. Miss