

1. PLACE OF DEATH

County Hillsdale

Township _____

Village _____

City HillsdaleSTATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

NOV 6 1920

Registered No. _____

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Clara Belle Camp(a) Residence No. West Bacon St. 3 Ward _____

(Usual place of abode.)

(If non-resident give city or town and state.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced single (WRITE the word.)18 DATE OF DEATH (Month, day and year) Oct 11 1920

6 If married, widowed, or divorced

HUSBAND of _____
WIFE of _____

I HEREBY CERTIFY, That I attended deceased from _____ to _____

and I last saw _____ on _____ and

7 DAYS OF BIRTH (Month, day and year) May 15 1913that death occurred on the date stated above at 2/100 m.8 AGE Years Months Days If LESS than 1 day. hrs. OR min.
7 4 26

The CAUSE OF DEATH was as follows:

Drowned.
accidental

9 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

CONTRIBUTORY (Secondary) _____

10 BIRTHPLACE (city or town) Hillsdale Co.
(State or country) Michigan

12 Where was disease contracted

If not at place of death?

14 NAME OF FATHER Clyde Camp

and on _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

11 BIRTHPLACE OF FATHER (city or town) Hillsdale Co.
(State or country) Michigan(Signed) J. H. Miness M. D.13 MAIDEN NAME OF MOTHER Iris BellOct. 11, 1920 Address Hillsdale Mich.

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

12 BIRTHPLACE OF MOTHER (city or town) West Unity
(State or country) Ohio

15. PLACE OF BURIAL, CREMATION OR RECOVAL Date of Burial _____

14 Informant J. H. MinessBurial Cem. Ravenna 12/14 1920(Address) Hillsdale Mich.16. UNDERSIGNED J. H. Miness Hillsdale Mich.15. Date Oct 17 20 Mary J. Miness