

1920-8-21
1920-9-22

STATE OF MICHIGAN

Department of Health - Division of Vital Statistics

CERTIFICATE OF DEATH

FULL NAME *Thory A. Chapin* APR 6 1920

PERSONAL AND STATISTICAL INFORMATION

SEX *Female* COLOR OR HAIR *White* BIRTH PLACE *Michigan*

DATE OF BIRTH *Sept 27 1840*

AGE *79 5 28*

OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (if employer)

PLACE OF BIRTH *Holontown New York State*

NAME OF FATHER *John Cheever*

NAME OF MOTHER *Marion*

PLACE OF DEATH *Beulah Hutchins*

PLACE OF BURIAL (State to which)

NAME ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Lucie Chapin

(Address) *Hudson Mich*

3/27 by *Joseph Ellwell*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *March 20 1912*

I HEREBY CERTIFY, That I attended deceased from *March 24, 1911* to *March 25, 1912*

that I last saw her alive on *March 24, 1912* and that death occurred, on the date noted above, at *4* o'clock.

THE CAUSE OF DEATHY was as follows:
Nephritis

Signature of Physician

Isaac H. Smith

March 25, 1912 (Signature)

State of Michigan, County of _____

PLACES OF INTEREST (See instructions, Michigan, 1912)

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PLACE OF BURIAL OR REMOVAL *East Hill - base* DATE OF BURIAL *3/27 - 1912*

Signature of Burial Officer *J. B. Hutchins* (Address) *Holontown Mich*