

CERTIFICATE BY YEARS

Registrar (No. 1)

SEP 8 1920

City Ann Arbor
County Washtenaw
State Michigan

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

2 FULL NAME Martha Davis

(a) Residence No. _____ St., Ward _____
(Usual place of abode.)
Length of residence in city or town where death occurred 19 yrs 8 mos. (If non-resident give city or town and State.)
Length of time in U. S. or of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word) Widowed

15 DATE OF DEATH (Month, day and year) Aug 16 1920

6a If married, widowed, or divorced (Name of late HUSBAND or WIFE) David Davis

17 I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____

8 DATE OF BIRTH (Month, day and year)

that I last saw him alive on _____, 19____ and that death occurred on the date stated above at 11:00 a.m.

7 AGE Years 76 Months 1 Days 16 If LESS than 1 day _____ hrs. OR _____ min.

The CAUSE OF DEATH* was as follows:

9 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) housewife
(c) Nature of occupation at home

Senile Decay 154
(Investigated)
(duration) 1 yrs. 1 moe. _____ ds.

10 BIRTHPLACE (city or town) (State or country) Mich

CONTRIBUTORY (duration) _____ yrs. _____ moe. _____ ds.

10 NAME OF FATHER not known

18 Where was disease contracted? not at place of death

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

Did an operation precede death? no Date of _____

12 MAIDEN NAME OF MOTHER not known

Was there an autopsy? no

13 BIRTHPLACE OF MOTHER (city or town) (state or country) not known

What test confirmed diagnosis? History of case

14 Informant L. L. Davis (Address) Edwards, Mich

(Signed) E. P. Flannery M. D.
Address Beverly, Mich.

15 Filed Aug 19 1920 Registrar

*State the DISEASE CAUSING DEATH, or its source from VIOLENT CAUSES, such as (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDE. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Edwards, Mich Date of Burial Aug 19 1920

20 UNDERTAKER John W. Kirtland