

WITH PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD.

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1. PLACE OF DEATH  
County Hillsdale  
Township \_\_\_\_\_  
Village \_\_\_\_\_

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

2. FULL NAME Mrs Ann Olga Fitzsimmons  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ FEB 5 1920  
(Usual place of abode.)  
Length of residence in city or town where death occurred 15 yrs. mos. \_\_\_\_\_ (If non-resident give city or town and state.)

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced HUSBAND of John Fitzsimmons (or) WIFE of \_\_\_\_\_

7 DATES OF BIRTH (Month, day and year.) Nov 14 - 1851

8 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
68 2 14

9 OCCUPATION 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 employer

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

11 NAME OF FATHER Samuel Gilmore

12 BIRTHPLACE OF FATHER (city or town) New York (State or country)

13 MAIDEN NAME OF MOTHER Mary V. Swift

14 BIRTHPLACE OF MOTHER (city or town) Beneva Co. (State or country) New York

15 Informant J. H. Miner (Address) Hillsdale, Mich

16 File Jan 27 Dr. Robert W. Bader Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (Month, day and year) Jan. 28 1920

17 I HEREBY CERTIFY that I attended deceased from Mar. 10 1919 to Jan. 28 1920 that I last saw her alive on Jan 25 1920 and that death occurred on the date stated above at 11 a. m.

18 THE CAUSE OF DEATH\* was as follows:  
Carcinoma of Uterus  
\_\_\_\_\_  
\_\_\_\_\_  
(Duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

19 Where was disease contracted If not at place of death? \_\_\_\_\_

Did an operation precede death? Yes Date of Sept. 1919

Was there an autopsy? No

What had confirmed diagnosis? Microscopical

(Signed) A. G. Dyer M. D. Date Jan 28 - 1920 Address Hillsdale

\*UNDER THE PROVISIONS OF THE MICHIGAN VITALITY ACT, the Registrar of Vital Statistics, upon the receipt of a REPORT OF DEATH, shall state (1) WHETHER and NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cem. Date of Burial Feb 1 1920

20. UNDERTAKER J. H. Miner Address Hillsdale