

CERTIFICATE OF DEATH

APR 5 1920

Registered No. 12

PLACE OF DEATH
St. Charles
Township *Columbia*
Village _____
City _____

(No. *County House* St. _____ Ward)
(If death occurred in a hospital or institution give its NAME, number of street and number.)

6. FULL NAME *Mrs. Frisbie*
(a) Residence No. _____ St. Ward _____
(Usual place of abode.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

7 SEX *F.* 8 Color or Race *White* 9 Single, Married, Widowed or Divorced *Widow.*

10 If married, widowed, or divorced HUSBAND or (or) WIFE of _____

11 DATE OF BIRTH (Month, day and year) *Unknown*

12 AGE (Years, Months, Days) If LESS than 1 day, hrs. OR min. *About 75 Unknown*

13 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work? *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

14 BIRTHPLACE (city or town) (State or country) *Stesfield, Mich*

15 NAME OF FATHER *Augustus Benjamin*

16 BIRTHPLACE OF FATHER (city or town) (State or country) *Unknown*

17 MOTHER NAME OF MOTHER *Prig. Vincent*

18 BIRTHPLACE OF MOTHER (State or country) *Unknown*

19 Informant *Mrs. Betsy Hamilton*
(Address) *Marshall, Mich*

20 Date *March 1 1920* *A. B. Marshall*
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) *Mar 1 1920*

17 I HEREBY CERTIFY, That I attended deceased from *Oct. 24, 1919* to *Mar 1 1920*
that I last saw her alive on *Feb 1 1920* and that death occurred on the date stated above at *9 P. M.*

The CAUSE OF DEATH* was as follows: *Valvular disease of Heart.*

(Duration) *79* yrs. mos. ds.

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

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

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *physical*
(Signed) *H. C. ...* M. D.

Address *Holland, Mich*
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY.
(2) what was the CAUSE of DEATH.
(See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Mt. Hope* Date of Burial *3/4 1920*

20. UNDERTAKER *W. C. Hoyt* *Hitchcock*

WRITE PLAINLY, WITH OUTFIELDING INK—THIS IS A PERMANENT RECORD.