

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

PLACE OF DEATH
Hillsdale
Township Liberty
or
Village _____
or
City _____

SEP 7 1920

Registered No. _____
St. _____ Ward _____
(If death occurred in a hospital or institution give the name, instead of street and number)

FULL NAME Margaret Haganman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female **COLOUR OR RACE** White **SINGLE, MARRIED, WIDOWED, OR DIVORCED** Wid.
DATE OF BIRTH Nov 1, 1885
AGE 31 yrs 9 mos 19 ds IF LESS THAN 1 day, mo., or yrs.

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

BIRTHPLACE
(State or country) Ohio

PARENTS
NAME OF FATHER Benjamin Elliott
BIRTHPLACE OF FATHER Ohio
MOTHER NAME OF MOTHER Lena Krewel
BIRTHPLACE OF MOTHER Kan. Kansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed Haganman
(Address) Leander

Aug 26 1920 Ed Haganman
NEAREST

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24, 1920
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1920, to Aug 24, 1920, that I last saw her alive on Aug 24, 1920, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

81
(Duration) yrs. mos. ds.

Physician
(Signature) H. H. Hughes
(Date) Aug 25 1920 (Address) Hillsdale

*Indicate the DUREN'S CAUSE OF DEATH, or in death from violent causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDE.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS, OR RESIDENTS)
Residence of death yrs. mos. ds. 26 yrs. 9 mos. 19 ds.
Where was disease contracted? at place of death
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Haganman cmt. **DATE OF BURIAL** Aug 26 1920
UNDERSTAND Ed Haganman **ADDRESS** Hillsdale