

CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Washtenaw  
Township Litchfield  
Village \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2. FULL NAME Margie Jane Halstead  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. \_\_\_\_\_  
(If non-resident give city, town and state.)  
as. How long in U. S. If of foreign birth yrs. mos. ds.

Age 35 Sex F Race White

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed or divorced (or) WIFE of Stanley J. Halstead

7 DATE OF BIRTH (Month, day and year.) Nov 8th 1884

8 AGE Years 35 Months 3 Days 9 If LESS than 1 day hrs. OR min.

MEDICAL CERTIFICATE OF DEATH

9 DATE OF DEATH (Month, day and year) Feb 17th 1920

10 I HEREBY CERTIFY, that I attended deceased from Feb 10, 1920, to Feb 17, 1920  
that I last saw her alive on Feb 13, 1920  
that death occurred on the date stated above at 9<sup>30</sup> P. M.

9 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which engaged (or employer)  
(or) nature of occupation

The CAUSE OF DEATH\* was as follows:  
Spanish influenza  
(duration) 779 mos. 11 da.  
CONTRIBUTORY Double Suffered  
(Secondary) (duration) 779 mos. 2 da.

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

11 NAME OF FATHER W. Galland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan

12 MAIDEN NAME OF MOTHER Jennie S. Wilson

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan

13 Where was tissue extracted If not at place of death? \_\_\_\_\_

14 Did an operation precede death? no Date of \_\_\_\_\_

15 Was there an autopsy? no

16 What last confirmed diagnosis (Signed) Fred White  
Feb 18, 1920, Address 314 S. Main St. Litchfield

14 Interment (Address) Stanley J. Halstead  
Litchfield, Mich

15 Filed Nov 20 1920 C. A. Nichols  
Registrar

17 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial 2/19 1920  
Mt Hope

18 UNDERTAKER W. C. Hoyt Address Litchfield