

PLACE OF DEATH

County Hillsdale
 Township Jefferson
 or
 Village _____
 or
 City _____ (No. _____ St. _____ Ward _____)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH 5 1910

Registered No. 15

FULL NAME Jane Leonard

If death occurred in a hospital or institution, give its NAME, location, street and number.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White MARRIAGE STATUS Widowed
(Write the word)

DATE OF BIRTH Unknown
(Month) (Day) (Year)

AGE About 85
If LESS than 1 day, 1 mo., 6 mo., or 1 yr.

OCCUPATION Housewife, retired about 15 years
(1) Trade, profession or particular kind of work
 (2) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) New York state

NAME OF FATHER Hiram Staples

BIRTHPLACE OF FATHER (State or country) New York state

MARRIAGE NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bessie Inead,

(Address) Nashville Mich.

FILED April 28 1910 Don Phillips
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1, 1910, to April 6, 1910, that I last saw him alive on April 6, 1910 and that death occurred, on the date stated above, at 39 m.

The CAUSE OF DEATH was as follows:

old age 75

Contributory (Secondary) _____

(Signed) W. A. Stone
April 7, 1910 (Address) Ossauville

(State the DISEASE CAUSING DEATH, or its death from VEGETABLE CAUSES, state (1) BEGAN or INTERMITTENT; and (2) whether ACCIDENTAL, SOCIALLY, or HOSPITAL.)

LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRAININGS, OR RESIDENT RESIDENCE)
 At place of death _____ yrs. _____ mo. _____ d. In the State _____ yrs. _____ mo. _____ d.

Where was disease contracted, if not at place of death?
 Farmer or usual residence _____

PLACE OF BURIAL OR REMOVAL Maple Grove Cemetery DATE OF BURIAL April 9, 1910

UNDERTAKER Chas. A. Burger ADDRESS Pittsford