

STATE OF MICHIGAN
Department of State - Division of Vital Statistics

CERTIFICATE OF DEATH

SEP 6 1920

Registered No. 129

County Washtenaw
Township Windsor
Village Ann Arbor
City Ann Arbor

2. FULL NAME Mrs Martha Rich
(If death occurred in a hospital or institution, give the NAME STREET and street and number.)

(A) Birthplace, Sta. Ill. Word Ill.
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. (If non-resident give city or town and state)
Do. How long in U. S. if foreign birth? 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female
2. Color of Hair white
3. Single, Married, Widowed or Divorced Widow
(WRITE the word.)

4. If married, widowed, or divorced BY WHOM and how long of Cyrus Rich

5. DATE OF BIRTH June 4 1839
(Month, day and year.)

AGE	Years	Months	Days	If LESS than 1 day, hrs. OR min.
	81	2	0	

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

7. BIRTHPLACE (city or town) New York
State or country

8. NAME OF FATHER Allen Hibner

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

10. MOTHER'S NAME OF MOTHER Lois King

11. BIRTHPLACE OF MOTHER (city or town) Unknown
State or country

12. Informant J. H. Wines
(Address) Hillsdale, Mich.

13. Place of burial, cremation, or removal Kirby Cem.
Date of burial Aug 7 1920

MEDICAL CERTIFICATE OF DEATH

14. DATE OF DEATH (Month, day and year) August 4 1920

15. I HEREBY CERTIFY, That I attended deceased from June 20 1919 to Aug 4 1920
and that death occurred on the date stated above at 11 P.M.
The CAUSE OF DEATH* was as follows:

Acute Cerebral Hemorrhage

16. CONTRIBUTORY (Secondary) Arterio-sclerosis

17. Where was disease contracted? Ill.
If not at place of death?

18. Was there an autopsy? No

19. What was the physician's name? (Signed) J. H. Wines

Aug 5 1920, Address Ransom Edick

*State the DISEASE CAUSING DEATH, or if death was accidental, state (1) DISEASE and (2) CAUSE OF DEATH, and (3) whether ACCIDENTAL, SUICIDAL, or SELF-KILLED. See reverse side for further instructions.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kirby Cem.
Date of burial Aug 7 1920

20. Informant J. H. Wines
(Address) Hillsdale, Mich.