

## PLACE OF DEATH

County HillsdaleTownship Adams

Village \_\_\_\_\_

City \_\_\_\_\_

2 FULL NAME Julia A. Ross

(a) Residence No. \_\_\_\_\_

Length of residence in city or town where death occurred 45 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## CERTIFICATE OF DEATH

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

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LOW R 1070

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If non-resident give city or town and State.)

New leg in U. S. of foreign birth \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Warren M. Ross6 DATE OF BIRTH (Month, day and year.) June 7th, 18507 AGE Years 69 Months 9 Days 11 8 LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

9 OCCUPATION OF DECEASED

(1) Trade, profession, or particular kind of work. Housewife(2) General nature of industry, business, or establishment in which employed (or employer)  
(3) Name of employer10 BIRTHPLACE (city or town) (State or country) Hillsdale, Mich.11 NAME OF FATHER Geo. Donaldson12 BIRTHPLACE OF FATHER (city or town) (State or country) New York13 MAIDEN NAME OF MOTHER Clarrissa Travis14 BIRTHPLACE OF MOTHER (city or town) (State or country) New York15 Informant Mrs. Ernest Thornton(Address) Jonesville, Mich. R.F.D.Filed Mar 23 1920 L. R. Remick Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 18th, 192017 I HEREBY CERTIFY, That I attended deceased from Oct 1917 to March 18 1920that I last saw him alive on Mar 1920 and that death occurred on the date stated above at 8:00 A.M.

The CAUSE OF DEATH\* was as follows:

81  
Arterio sclerosis  
(duration) \_\_\_\_\_ 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?  Date of     

Was there an autopsy? \_\_\_\_\_

What best confirmed diagnosis? \_\_\_\_\_

(Sign) W. H. ... M.D.  
Mar 18 1920 Adams Jonesville Mich

(1) MAJOR AND MINOR or INTERNAL OR OTHER ACCIDENTS, INJURIES, OR DISEASES. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

North Adams Cemetery Date of Burial 3/20/1920

20 UNDERTAKER

H. E. Young & Son Address North Adams