

PLACE OF DEATH

County Hillsdale
 Township Adams
 Village _____

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

SEP 7 1920

Registered No. 100

City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ms. Mattie Sabin

(a) Residence No. _____ St. Ward _____
 (Usual place of abode.) (If non-resident give city or town and state.)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 Color or Race white 5 Single, Married, Widowed or Divorced married
 (WRITE the word.)

6 DATE OF DEATH (Month, day and year) August 9 1920

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Marion Sabin

7 I HEREBY CERTIFY, that I attended deceased from March 10 1918 to August 9 1920

that I last saw her alive on August 9 1920 and

8 DAYS OF BIRTH (Month, day and year.) Feb 13 - 1863

that death occurred on the date stated above at 8 P. M.

9 AGE	Years	Months	Days	If LESS than 1 day.	hrs.	OR	mins.
	<u>57</u>	<u>5</u>	<u>19</u>				

10 THE CAUSE OF DEATH* was as follows:
apoplexy. 64

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

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. da.

12 BIRTHPLACE (city or town) Hudson
 (State or country) Michigan

13 Where was disease contracted
 If not at place of death? _____

13 NAME OF FATHER Thos. Alexander

Did an operation precede death? no Date of _____

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

Was there an autopsy? no

12 MAIDEN NAME OF MOTHER Charlotte Dye

What test confirmed diagnosis? _____

12 BIRTHPLACE OF MOTHER (city or town) New York
 (State or country)

(Signed) H. S. Miner M. D.

14 Informant J. H. Miner

Aug 3, 1920 Address Hillsdale Mich

(Address) Hillsdale Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

14 Date Aug 5 1920 Registrar F. R. Peaples

15. PLACE OF BURIAL, CREMATION, OR REMOVAL Kirby Care

Date of Burial Aug 4 1920

15. SIGNATURE J. H. Miner

16. ADDRESS Hillsdale Mich

17. SIGNATURE M.