

## I PLACE OF DEATH

County Willis  
 Township Adams  
 Village \_\_\_\_\_  
 City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## CERTIFICATE OF DEATH

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

2 FULL NAME Eliza A. Spear

MAR 8 1920

3a) Residence, No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
 (Local place of abode.)  
 Length of residence in city or town where death occurred 74 yrs. 11 mos. 16 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 High, Marital, Widowed or Divorced (write the word.) Widowed

5a) If married, widowed, or divorced  
HUSBAND of  
 (or) WIFE of WALTER H. SPEAR

6 DATE OF BIRTH March 9th, 1845  
 (Month, day and year)

7 AGE Years 74 Months 11 Days 16  
 8 LESS ONE  
 1 day. 1 hr.  
 OR min.

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housewife  
 (b) General nature of industry, business, or establishment in which employed (if employer)  
 (c) Status of member

9 BIRTHPLACE (city or town) Adams Twp. Mich.  
 (State or country)

10 NAME OF FATHER Mrs. Gellins

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

12 MAIDEN NAME OF MOTHER Joanna Barnes

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

14 Informant Mrs. Edgar Kempton  
 (Address) North Adams, Mich. R. F. 1

15 Filed Feb 27, 1920 L. H. Kempton  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 24th, 1920  
 (Month, day and year)

17 HEREBY CERTIFY, That I attended deceased from Jan 21, 1920 to Feb 24, 1920  
 that I last saw her alive on Jan 23, 1920 and that death occurred on the date stated above at 8:30 P. M.

The CAUSE OF DEATH\* was as follows:

Empyema (facial)  
(Arteriosclerosis)  
(Cerebral hemorrhage)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY   
 (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
 If not at place of death? \_\_\_\_\_

Did an operation precede death? Yes Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? \_\_\_\_\_

(Signed) B. F. Green M. D.  
Feb 26, 1920 Address Hilldale, Mich.

\*State the Disease Causing Death, or its death from Venereal Causes, state (1) Manner and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL North Adams Cemetery Date of Burial: 2/27/1920

20 UNDERTAKER H. B. Young & Son Address North Adams