

1. PLACE OF DEATH

County Hillsdale
 Township Hillsdale
 Village _____

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

MAY 6 1920

Registered No. _____
 St. _____ Ward _____

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

2. FULL NAME Mrs Pearl Stewart

(a) Residence. No. Life long in Hillsdale Co., St. Ward.
 (Usual place of abode.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and state)
 How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced
 HUSBAND of Albert H Stewart
 (or) WIFE of

6 DATE OF BIRTH (Month, day and year.) June 7 - 1878

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
41 10 4

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

9 BIRTHPLACE (city or town) (State or country) Mason Mich Michigan

10 NAME OF FATHER John Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Ellen Purchase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant J. H. Mieser
 (Address) Hillsdale Mich

15 No. 4-14 20 Public Health
 Registrar

16 PLACE OF BURIAL, CREMATION, OR REMOVAL
North Adams Can Date of Burial Apr 8 1920
 Undertaker J. H. Mieser
 Address Hillsdale Mich

MEDICAL CERTIFICATE OF DEATH
 16 DATE OF DEATH (Month, day and year) April 5 1920
 17 I HEREBY CERTIFY, That I attended deceased from Dec 30 1917 to April 5 1920
 that I last saw her alive on April 5 1920 and that death occurred on the date stated above at 5 P. m.
 The CAUSE OF DEATH* was as follows:
Cocaine of utero. 4/2
 (duration) 778 yrs. 600 mos. 60 ds.

CONTRIBUTORY (Secondary) (duration) 778 yrs. 600 mos. 60 ds.

18 Where was disease contracted
 If not as given or where: _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?
 (Signed) E. H. Martindale M. D.

7/4 1920 Address Hillsdale

*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.)

WHEN FLAINLY, WITH UPSPADING INK—THIS IS A PERMANENT RECORD.

94