

PLACE OF DEATH

County Hillsdale
Township AdamsSTATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

NOV 6 1920

Village _____
City Hillsdale

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

1. FULL NAME Mr. James S. Turner(a) Residence No. _____ St. Ward _____
(Usual place of abode.) 87 (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 foreign birth?)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

2 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced Widow 6 DATE OF DEATH (Month, day and year) Oct 2 19207 If married, widowed or divorced, HUSBAND of (or) WIFE of Gilbert Turner 8 I HEREBY CERTIFY, That I attended deceased from Apr. 30 - Oct 7 1920 that I last saw her alive on Oct 1 1920 and that death occurred on the date stated above at 3 P.M.9 DATE OF BIRTH (Month, day and year.) Dec 29 - 1838 10 THE CAUSE OF DEATH* was as follows:11 AGE Years Months Days 1 day. hrs. OR min. 81 9 4 1 day. hrs. min. Valerian sclerosis & cerebral-insufficiency

12 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or occupation in which employed (or employer)
(c) Name of employer13 CONTRIBUTORY (Secondary) None14 BIRTHPLACE (city or town) Somerset
(State or country) Mich.15 Where was disease contracted Local
If not at place of death?16 NAME OF FATHER Jas. Palmer17 Did an operation precede death? No Date of _____
Was there an autopsy? No18 BIRTHPLACE OF FATHER (city or town) New York19 Was last condition dangerous? Acute
Ch. 4 - Thrombosis20 MOTHER NAME OF MOTHER Harriet Hopkins21 State the DISEASE CAUSING DEATH, or its cause, most violent CAUSE, state (1) SPEARS and NATURE of LESION, and (2) whether ACCIDENTAL, SURTICAL or HEMORRHAGIC (See reverse side for further instructions.)
Oct 4 to 10 - 1920 Hillsdale Mich.22 BIRTHPLACE OF MOTHER (city or town) New York23 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial 10/4 192024 Informant J. H. Winger(Address) Hillsdale Mich. Hill CareFiled 10/6 1920 J. R. Denton25 Signature J. H. Winger Hillsdale Mich.