

## 1. PLACE OF DEATH

County Delaware  
 Township Fitzgerald  
 Village \_\_\_\_\_

STATE OF MICHIGAN  
 Department of State - Division of Vital Statistics

## CERTIFICATE OF DEATH

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

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

2. FULL NAME Mary Ellen Wade

APR 6 1920

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Hair White 5 Single, Married, Widowed or Divorced Widowed  
 (WRITE the word.)  
 6a If married, widowed, or divorced HUSBAND or (or) WIFE of Robert Wade

14 DATE OF DEATH (Month, day and year) March 8 1920  
 17 I HEREBY CERTIFY, That I attended deceased from March 3 1920 to March 8 1920 that I last saw her alive on March 7 1920 and that death occurred on the date stated above at Fitzgerald

7 DATE OF BIRTH (Month, day and year.)  
 8 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
93 7 3

18 CAUSE OF DEATH\* was as follows:  
Astoria - Sclerotic

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

19 CONTRIBUTORY (Secondary) old age  
 (duration) yrs. mos. ds. 81

10 BIRTHPLACE (city or town) (State or country) Ohio

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

11 NAME OF FATHER Thomas Wade

18a Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

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

18b Was there an autopsy? \_\_\_\_\_

12 MARRIAGE NAME OF MOTHER Edith Cottrell

18c What test confirmed diagnosis? (Signed) R. H. Nelson M. D.  
Manly, Mo. Address Hudson, Mo.

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

\*State the DISEASE CAUSING DEATH, or its death date VIOLATION CAUSES, state: (1) MEANS and NATURE of INJURY, and (2) WHETHER ACCIDENTAL, UNLAWFUL, or INTENTIONAL. (See reverse side for further instructions.)

14 Informant G. H. Wade

19 PLACE OF BURIAL, CREMATION, OR Date of Burial REMOVAL Leesburg Ohio Dec 13 1920

(Address) Hudson, Mo.

20 SIGNATURES Chas. E. Benson Hudson

21 Filed 3/13 1920 Joseph E. Wells Registrar