

WHILE PLAINLY, WITH OBTAINING LINE—THIS IS A PERMANENT RECORD.

CERTIFICATE OF DEATH

APR 5 1920 Registered No. 12

1. PLACE OF DEATH
County Hillsdale
Township Cassio
Village _____
City _____

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

2. FULL NAME Jane Walters
(a) Residence No. Hillsdale Mich 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

1 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word.) _____

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7 DATE OF BIRTH (Month, day and year.) Mar 20 - 1865

AGE	Years	Months	Days	IF LESS THAN
	<u>54</u>	<u>1</u>	<u>14</u>	1 day, hrs. OR min.

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (Month, day and year) March 4 1920

19 I HEREBY CERTIFY, That I attended deceased from Mar 21 1920 to March 4 1920 that I last saw her alive on March 3, 1920 and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
Vascular Head Disease

(duration) 79 yrs. mos. 20 da.

CONTRIBUTORY Flu Pneumonia (Secondary)
(duration) 1 yrs. mos. da.

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

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical
(Signed) A. C. Miller, M. D.
Mar 4, 1920 Address Hillsdale Mich

9 BIRTHPLACE (city or town) (State or country) Indianapolis

10 NAME OF FATHER John Northrup

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

12 MAIDEN NAME OF MOTHER Mary Miller

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

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

15 Filed Mar 8, 1920 by L. B. Barth Registrar.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL _____ Date of burial _____

20 UNDERTAKER J. H. Mincer 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, SUICIDE, or HOMICIDE. (See reverse side for further instructions.)