

STATE OF MICHIGAN

Department of State - Division of Health

CERTIFICATE OF DEATH

MAY 9 1920

FULL NAME *Edith Houston*

PERSONAL AND STATISTICAL PARTICULARS

RACE *French* COLOR OR HAIR *White* SEX *Female*
 SINGLE, MARRIED, WIDOWED, OR SEPARATED (With the usual)

DATE OF BIRTH *Nov. 7 - 1870*
 (Month) (Day) (Year)

AGE *49* *5* *23*
 (Years) (Months) (Days)

OCCUPATION
 (a) Trade, profession or particular kind of work *Housewife*
 (b) General nature of industry, business or establishment in which employed (or employer)

RESIDENCE *Green Mich.*

NAME OF PHYSICIAN *Nathan Bradley*

NAME OF HOSPITAL *St. Ann Hospital*

NAME OF SURGEON *Francis L. Sage*

NAME OF FUNERAL HOME *Hillsdale Co.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Signature) *Mr. N. A. Houston*

(Address) *Hillsdale Mich.*

DATE *Apr 4 1920* SIGNATURE *J. P. Kemper*

NEEDS CERTIFICATE OF DEATH

DATE OF DEATH *Apr. 3, 1920*
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *April 26, 1920*, to *April 30, 1920* that I last saw *Edith* on *April 30, 1920* and that death occurred, at the residence above, at *10:00* P.M.
 The CAUSE OF DEATH was as follows:

Cancer of Uterus

Cirrhosis of Liver

Dr. J. Sage

When the Coroner Through Proper Officers has Taken Possession and (1) Made or Taken and (2) Made Additional Record, if Required.

LENGTH OF RESIDENCE (Give individual residences, treatments or places frequented)
 (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day)

PLACE OF BURIAL OR REMOVAL *St. Ann Hospital* DATE OF BURIAL *May 3 1920*

REGISTERED SIGNATURE *Leo J. Smith*