

PLACE OF DEATH

STATE OF MICHIGAN

Department of State - Bureau of Vital Statistics

CERTIFICATE OF DEATH

MAR 5 1920

Registered No.

City No. St. Wad

If death occurred in a hospital or institution, give the name of the institution and the attending physician.

FULL NAME *William J. Verlicipes*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR OR RACE *White* BIRTH, MARRIAGE, OR DIVORCED (If in the year)

DATE OF DEATH *Feb 16 1920*

DATE OF BIRTH *Sept 1, 1846*

I HEREBY CERTIFY, That I attended deceased from *Feb 16*, 1920, to *Feb 19*, 1920, that I last saw her alive on *Feb 19*, 1920, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

AGE *72 - 5 - 19*

*Pneumonia Lobar*

OCCUPATION *Housekeeper*

RESIDENCE (State or county) *Ohio*

Physician *J. A. Bates*

NAME OF NEAREST RELATIVE *Mathie McElroy*

RESIDENCE OF NEAREST RELATIVE *Pennsylvania*

NAME OF NEAREST RELATIVE *Mary Brecken*

RESIDENCE OF NEAREST RELATIVE *Pennsylvania*

When the Deceased is buried, or is to be buried, give name, date, time and place of burial.

PLACE OF BURIAL *Brookside*

DATE OF BURIAL *Feb 22 1920*

PLACE OF BURIAL ON MEMORIAL *West Hill* DATE OF BURIAL *Feb 22 1920*