

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

MAY 8 1920

Registered No. 17

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

County Hillsdale
Township Albion
or
Village _____
or
City _____ (No. _____ St.: _____ Ward)

FULL NAME Ellen James Young

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female **COLOR OR RACE** White **SINGLE, MARRIED, WIDOWED, OR DIVORCED** Mar
(Write the word)

DATE OF DEATH April 29, 1920
(Month) (Day) (Year)

DATE OF BIRTH Feb 8, 1850
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan, 1915, to April 29, 1920, that I last saw her alive on April 25, 1920, and that death occurred, on the date stated above, at H.P.M.

AGE 61 yrs 4 mo 21 d
If less than 1 day, hr, or min.

The **CAUSE OF DEATH** was as follows:

OCCUPATION Housekeeper
(1) Trade, profession or particular kind of work.
(2) General nature of industry, business or establishment in which employed (or employer)

General Drapery (Cardiac)
Metal Stenosis of

BIRTHPLACE Rhode Island
(State or country)

(Disease) yrs mo d

NAME OF FATHER John Sayles

Contributory H. St. Hughes
(Secondary) (Disease) yrs mo d

BIRTHPLACE OF FATHER Rhode Island

(Name) (Address) N. D.
April 30, 1920 Hillsdale

MAIDEN NAME OF MOTHER Leah L. Pellow

*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSE, state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, HOMICIDE, or SUICIDE.

BIRTHPLACE OF MOTHER Scotland
(State or country)

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS & RECENT RESIDENTS)
At place of death yrs mo d. In the State yrs mo d.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ellen J. Young

Where was disease contracted, if not at place of death?
Familiar or usual residence

(Address) Hillsdale, B.D. 4

PLACE OF BURIAL OR REMOVAL Spring **DATE OF BURIAL** May 14, 1920

(Date) May 1st 1920 B. S. Lige REGISTRAR

UNDERTAKER W. S. Marsh **ADDRESS** Hillsdale