STATE OF MICHIGAN
Department of State—Division of Vital Statistics

93

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
County Hillsdale
Township
Village
City (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

APR 6 1920

2. FULL NAME Mrs Emma Kiersey
(a) Residence. No. St. Ward Cambria Mich.
(Usual place of abode.) (If non-resident give city or town and state.)
Length of residence in city or town where death occurred yrs. 14 mos. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 Color or Race: white
5 Single, Married, Widowed or Divorced (WRITE the word.): married
If married, widowed or divorced
HUSBAND of (or) WIFE of: James Kiersey
6 DATE OF BIRTH (Month, day and year.): May 5-1869
7 AGE: Years 60 Months 9 Days 30 If LESS than 1 day, hrs. OR min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Michigan
10 NAME OF FATHER: Albert Bourdo
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Malinda Silverman
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown
PARENTS
14 Informant
(Address)
15 Filed Apr 8 1920 Robert W Babbitt Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year): March 4 1920
17 I HEREBY CERTIFY, That I attended deceased from Feb 27 1920 to March 4 1920
that I last saw h-r alive on March 4 1920 and
that death occurred on the date stated above at 12 M.
The CAUSE OF DEATH* was as follows:

Asthma 91

(duration) 2 or 3 yrs. mos. da.
CONTRIBUTORY (Secondary) Broncho-Pneumonia
(duration) yrs. mos. 6 da.
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. A. Mathewson M. D.
March 4. 1920 Address Hillsdale
VIOLENT CASES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: King Lake Cem — Date of Burial: Mar 1920
20. UNDERTAKER: J H Miner — Address: Hillsdale

WRITE PLAINLY, WITH PENCIL OR PEN AND INK—THIS IS A PERMANENT RECORD.