STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

89

Registered No. 1

1. PLACE OF DEATH

County Hillsdale

Township Fayette

Village Jonesville

City ... St. ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FEB 6 1920

2. FULL NAME Sarah M. Thompson

(a) Residence, No. ... 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. ... ds. How long in U. S., if of foreign birth 51 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (WRITE the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Frank Thompson

6. DATE OF BIRTH (Month, day and year) May 26, 1867

7. AGE 52 years 7 mo 16 days. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife at home
(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) Canada

PARENTS

10. NAME OF FATHER David Robinson

11. BIRTHPLACE OF FATHER (city or town) (State or country) England

12. MAIDEN NAME OF MOTHER Mary Rosworth

13. BIRTHPLACE OF MOTHER (city or town) (state or country) Canada

14. Informant Wendell D. Thayne
(Address) 310 E Robinson St Jackson

15. Filed Jan 16 1920 F. R. Parks Registrar.

1/1920 Wm H Blanchard

Licensed Embalmer No. 28

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day and year) Jan 12 1920

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1919 to Jan 12 1920

that I last saw her alive on Jan 12 1920 and

that death occurred on the date stated above at 11.30 P.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) ... yrs. 1 1/3 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18. 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?

(Signed) Ira J. Stone M. D.

Jan 12, 1920 (Address) Jonesville Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, 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 Jonesville Cem

Date of Burial Jan 15 1920

20. UNDERTAKER Wm H Blanchard

Address Jonesville