MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Form 93a—9-5-21—1000 Books—100 pages.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

1 PLACE OF DEATH

County Eaton

Township Vermontville

Village

City (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jane Melessa Hawkins

(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race W

5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Harvey Hawkins

6 DATE OF BIRTH (Month, day and year) 3/9/1853

7 AGE Years 71 Months 1 Days 7 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) Canada

PARENTS

10 NAME OF FATHER Horace Bradley

11 BIRTHPLACE OF FATHER (city or town) (state or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Harvey Hawkins

(Address) Vermontville

15 Filed Feb. 19, 1929 C. H. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Feb 16, 1929

that I last saw h... alive on Feb 15th, 1929 and

that death occurred on the date stated above at 9 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. L. [illegible] McLaughlin M. D.

2/18, 1929, Address Vermontville

*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.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Freemire

Date of Burial Feb 19 1929

20 UNDERTAKER Harry H Mapes

Address Sunfield

256