MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

35 591

1 PLACE OF DEATH
County Ionia
Township Plainfield
Village
City
Register No. 3
(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cynthia Irene Ward

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 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (*Write* the word)
Female	White	Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Frank Ward

6 DATE OF BIRTH (Month, day and year) Aug. 25-1874

7 AGE Years	Months	Days	If LESS than 1 day ... hrs. OR ... min.
52	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 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) Mich.

PARENTS

10 NAME OF FATHER Henry W. Eccles

11 BIRTHPLACE OF FATHER (city or town) (state or country) New York

12 MAIDEN NAME OF MOTHER Clara Walker

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Jerome McNally
(Address) Pheasant Mich.

15 Filed Apr. 13, 1927 Harold D. Transall Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Apr. 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1927, to Apr. 8, 1927, that I last saw her alive on Apr. 8, 1927 and that death occurred on the date stated above at 12:50 Pm.

The CAUSE OF DEATH* was as follows:
Anguina Pectoris 69
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? medical

(Signed) Frank C. Hull, M. D.
Apr 9, 1927. Address Hale

*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 Plainfield Twp

Date of Burial 4/14 1927

20 UNDERTAKER W. A. Evans

Address East Tawas