

1. PLACE OF DEATH

County Montcalm
 Township _____
 Village Edmore
 City _____

MICHIGAN DEPARTMENT OF HEALTH
 Bureau of Records and Statistics
 CERTIFICATE OF DEATH

State Office No.
59 6321

Register No. 18

2. FULL NAME Maryanne J. Gregory
 (a) Residence No. _____ St. Ward _____
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (WRITE the word) <u>Married</u>
6a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Survived</u>		
6. DATE OF BIRTH (Month, day and year) <u>Aug 30 1873</u>		
7. AGE	Years <u>68</u>	Months <u>2</u>
	Days <u>12</u>	IF LESS than 1 day — hrs. OR — min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>Williams Co. Ohio</u> (State or country)		
MOTHER	13. NAME <u>George Budinger</u>	
	14. BIRTHPLACE (city or town) <u>Ohio</u> (State or country)	
	15. MAIDEN NAME <u>Nanna Hammer</u>	
	16. BIRTHPLACE (city or town) <u>Ohio</u> (State or country)	
17. INFORMANT <u>Harry Gregory</u> (Address) <u>Rt. 1 Edmore Mich</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Edmore</u> Date <u>Nov 1941</u>		
19. UNDERTAKER <u>A. John Strouse</u> (Address) <u>Edmore Mich</u>		
20. FILED <u>Dec 4 1941</u> <u>Alvin Kunkle</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 12 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1941 to Nov 12 1941
 I last saw him alive on Nov 11 1941; death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:

<u>Chronic valvular heart disease and chronic nephritis</u>	Duration <u>10 years</u>
Other contributory causes of importance: <u>Uremia</u>	<u>2 weeks</u>

If operation, date of _____
 Condition for which performed _____
 Organ or part affected _____
 Was there laboratory test? no Autopsy? no
 In case of violence state if accident, homicide or suicide _____
 Where did injury occur? _____ (Specify city, county or state)
 In industry, home or public place? _____
 Was disease or injury related to occupation of deceased? no
 Signed Myron B. Becker M.D.
 Address Edmore, Mich