

County *Livingston*
 Township *Howell*
 Village *Howell*
 City

MICHIGAN
 DEPARTMENT OF STATE
 LANSING
 VITAL STATISTICS DIVISION.
 CERTIFICATE AND RECORD OF DEATH.

[The Registrar's number received by the Registrar below, beginning with "No." for the year in each year.]
 243
 REGISTERED NO. 30

Location in City: Ward, No.
 Full Name *Ella B. Montague*
 Date of Death *June 16th 1903*

Single, married, widowed or divorced *Widow*
 Sex *Female* Color *White*
 If married, age at (first) marriage years.
 Parent of *3* children of whom *2* are living.
 Occupation *Housewife*
 Age *45* YEARS *10* MONTHS *27* DAYS
 Date of birth *18.57* YEAR OF BIRTH *July* MONTH *19th* DAY

Name of father *Henry C. Bugg* Birthplace of father (State or country) *England*
 Maiden name of mother *Mary E. Clapp* Birthplace of mother (State or country) *Massachusetts*
 Date of burial or removal *June 19 1903* Place of burial or removal *Oak Grove Cems*
 Signature of undertaker *Goodrich & Son* Address of undertaker *Howell Mich*
 Birthplace (State or country) *Michigan*
 Certificate of Reporter.
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.
 (Signed) *H. Bugg*
 (Address) *Howell*

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from *June 16* 1903 to *June 16th* 1903
 that I last saw her alive on *June 16* 1903 that she died on *June 16th* 1903
 about *6* o'clock, *P* M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:
 DISEASE CAUSING DEATH * *Chronic myelitis* *63*
 Immediate cause of death *
 Contributory causes or complications, if any *
 Post-mortem
 Place where DISEASE CAUSING DEATH was contracted, if other than place of death.

* Physicians are requested to note the "Suggestions to Physicians Relative to Statement of Causes of Death" on the back of this certificate.
 In Violent Deaths, a different form of statement is necessary, as follows:
 (1) Mode of injury and whether accidental, suicidal or homicidal;
 (2) Nature of injury (immediate cause of death);
 (3) Contributory causes.

Witness my hand this *June* day of *18th* 1903
 Signature of physician, health officer or coroner *J. M. Broughton*
 (Address) *Howell Mich*