

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

425

County Jackson

CERTIFICATE OF DEATH

Township _____

FEB 5 1916

Registered No. 64

or Village _____

or City Jackson

(No. 282 Ross Hill Ave. St.; 2 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Mrs Rose Mills

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

DATE OF DEATH Jan 23, 1916
(Month) (Day) (Year)

DATE OF BIRTH Not known
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,

AGE 54 yrs. _____ mos. _____ ds. or _____ min.?
If LESS than 1 day, _____ hrs.

that I last saw h_____ alive on _____, 191____,

and that death occurred, on the date stated above, at _____ m.

OCCUPATION (a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer): _____

The CAUSE OF DEATH* was as follows:

Killed on crossing by
Mich Cent train No 4

BIRTHPLACE (State or country) Ohio

(Duration) _____ yrs. _____ mos. _____ ds.

NAME OF FATHER Not known

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE OF FATHER (State or country) _____

Signed John Pulling Carner, M.D.

MAIDEN NAME OF MOTHER _____

Jan 24, 1916 (Address) Jackson Mich

BIRTHPLACE OF MOTHER (State or country) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2), whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

(Informant) Frank A. Blank

Form of usual residence _____

(Address) East 2nd St. S.E.

PLACE OF BURIAL OR REMOVAL Woodland Cem DATE OF BURIAL Jan 26, 1916

Filed 1-26-16 Ch. Parnal REGISTRAR

ADDRESS W. Muckenbachy Jackson