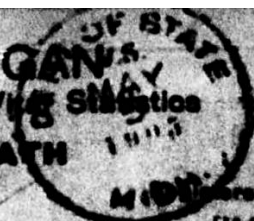


PLACE OF DEATH

City of Livingston
 Township of Madella
 Range of
 of (No., St.; Ward)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics
 CERTIFICATE OF DEATH

155



FULL NAME

Jane Bullis

Numbered No.
 [If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
 AGE OF DECEASED (Month) (Day) (Year)
Aug 17 1883
 AGE AT DEATH 71 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE. NUMBER OF CHILDREN

If married, age at (first) marriage 16 years
 Parent of 7 children, of whom 6 are living

PLACE OF BIRTH (City and Country)

New York

NAME OF FATHER

Eli Carr

PLACE OF BIRTH (City and Country)

X N.Y.

MARRIAGE NAME (MOTHER)

Rebecca Crofoot

PLACE OF BIRTH (MOTHER) (City and Country)

X N.Y.

OCCUPATION

House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant) Geo Bullis(Address) Howell

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Apr 16 1905

I HEREBY CERTIFY, That I attended deceased from Jane 1904, to April 16, 1905, that I last saw her alive on 190....., and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Fibros Cystic Tumors

Contributory

(Signed) Hattie F. Digler M. D.190..... (Address) Pine Knoll

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL

Anderson

DATE OF BURIAL

Apr. 18th 1905

FUNERAL UNDERTAKER

Percy Smart

Filed

April 17 1905 L. H. McFleet

Registrar