

PLACE OF DEATH

County of Berrien
Township of Berrien
or
Village of _____
or
City of _____ (No. _____, St.; _____ Ward)

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 12

[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.]

FULL NAME Catherine Chadwick

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) _____ (Day) _____ (Year) _____ <u>Unknown</u>	AGE <u>79</u> ¹⁰ <u>months</u> <u>12</u> <u>days</u>
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Wd</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Not known (Canada)</u>	
NAME OF FATHER " "	
BIRTHPLACE OF FATHER (State or country) " " <u>Ireland</u>	
MAIDEN NAME OF MOTHER " "	
BIRTHPLACE OF MOTHER (State or country) " " <u>Ireland</u>	
OCCUPATION <u>Housewife</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>April</u>	(Day) <u>11</u>	(Year) <u>1913</u>
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I HEREBY CERTIFY, That I attended deceased from April 9, 1913, to April 11, 1913, that I last saw hm alive on April 19, 1913, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH was as follows:
Cardiac Dropsy

Contributory _____ (DURATION) _____ DAYS

(Signed) W. B. Smith _____ M. D.
_____ 1913 (Address) _____

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 Eau Claire DATE OF BURIAL _____ 1913

UNDERTAKEN Spous ADDRESS _____
Filed April 16, 1913 W. B. Murphy Registrar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
(Informant) Homer Chadwick
(Address) Berrien Center