

Write Plainly with Unfading Ink—This is a Permanent Record.

Place of death
County *Saginaw*
Township *Chesaning*
Village
City
Location in City

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

(The death must be reported to the Registrar of Births, Deaths and Marriages within 24 hours of death.)
269
4
1902 REGISTERED NO.
MICH.

Full Name *Scorah May Chapman Wood*

Date of Death *Jan 23 1902*

Single, married, widowed or divorced *Married (Nov 1895)* Sex *female* Color *white*

If married, age at (first) marriage *21* years.
Parent of *7* children, of whom *5* are living.

Age *74*
Date of birth *1827 5 11*

Occupation *House Keeper*

NOTE—The occupation should be stated for all persons aged 10 years and over. Be precise and definite, and whenever necessary give the kind of industry, trade or employment, as well as the special occupation.

Name of Father *Daniel Chapman*

Birthplace of father (State or country) *Baldertown Mass.*

Maiden name of mother *Nancy Smith*

Birthplace of mother (State or country) *Walpole Mass.*

Date of burial or removal *Jan 26 1902*

Place of burial or removal *Chesaning*

Signature of undertaker *W B Walker*

Address of undertaker *Chesaning*

Certificate of Reporter.
The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.
(Signed) *Fred Ward*
(Address) *Chesaning*

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from *Jan 20 1902* to *Jan 23 1902* that I last saw her alive on *Jan 23 1902*, that she died on *Jan 20 1902* about *2* 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 • *Congestion of left lung*
Immediate cause of death • *Prostration & asphyxia*
Contributory causes or complications, if any: *Chronic heart and stomach troubles*
Post-mortem *no*

DURATION OF EACH CAUSE
2 days
two years + more

Place where DISEASE CAUSING DEATH was contracted, if other than place of death.
Witness my hand this *23* day of *Jan* 1902
(Signature of physician, health officer or coroner) *D W Wudye*
(Address) *Chesaning Mich*

*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.

Male or female resident

How long as in state or resident

Hospital, institution or treatment