

Place of death
 County Livingston Co.
 Township Shadilla
 Village Gregory
 City _____
 { Location }
 { in City } Ward; No. _____ St. _____

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

(The Registrar should number each certificate received and the number below recording shall be for the next death in the year)
 154
 REGISTERED NO. 6
 OCT 4 1902

Full Name Sarah F. Montague

Date of Death Sept 26 1902

Single, married, widowed or divorced widowed
 { If married, age at (first) marriage Dec. 12, 1889.
 { Parent of 6 children, of whom 5 are living.
 Occupation housewife

Sex female Color white
 Age 72
 Date of birth 1819 Oct 15

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 Fitch Chipman Birthplace of father (State or country) _____
 Maiden name of mother Sarah Spufford Birthplace of mother (State or country) _____

Date of burial or removal Sept 29 1902 Place of burial or removal Plainfield cemetery

Signature of undertaker J. G. Sayles Address of undertaker Plainfield Mich.
 Certificate of Reporter.
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.
 (Signed) J. C. Montague
 (Address) Gregory

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Sept. 20 1902 to Sept. 26 1902
 that I last saw her alive on Sept. 26 1902 that she died on Sept. 26 1902
 about 10 o'clock, A. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH * Cerebral hemorrhage 64
 Immediate cause of death * _____
 Contributory causes or complications, if any * _____
 Post-mortem no.
 { Place where DISEASE CAUSING DEATH was contracted, if other than place of death. }

DURATION OF EACH CAUSE.
15 days.

* 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 27 day of Sept 1902
 Signature of physician, health officer or coroner W. J. Wright M. D.
 (Address) Gregory, Mich.