

PLACE OF DEATH

County of LivingstonTownship of Madilla

Village of _____

City of _____ (No. _____ St.; _____ Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

FEB 6 1907 161
Registered No. 151FULL NAME Emeline Cool

[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 WhiteDATE OF BIRTH (Month) (Day) (Year)
April 25 1831AGE 75 years, 8 months, 20 daysSINGLE, MARRIED, WIDOWED, OR DIVORCED SingleAGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are livingBIRTHPLACE (State or country) New JerseyNAME OF FATHER John CoolBIRTHPLACE OF FATHER (State or country) New JerseyMAIDEN NAME OF MOTHER Margaret SuttonBIRTHPLACE OF MOTHER (State or country) New JerseyOCCUPATION House (Owned) farm

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

(Informant) Chas E. England(Address) Stockbridge Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
January 15 1907I HEREBY CERTIFY, That I attended deceased from December 9, 1906 to January 15, 1907, that I last saw her alive on January 15, 1907, and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH was as follows:

Gastric Hemorrhage104Contributory Debilitated condition(Signed) G. J. Howe M. D.Date Jan 17 1907 (Address) Stockbridge Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Resort Residences:

Place of burial or removal _____ Date of burial Jan 17 1907

Funeral or usual residence _____ Buried at place of death? _____

Other and disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Plainfield DATE OF BURIAL Jan 17 1907CEREMONY Wm. H. Palmer #36 ADDRESS Stockbridge Mich

Filed _____

_____ 1907 _____ Registrar