

1 PLACE OF DEATH
 County Genesee
 Township Fenton
 Village.....

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics

25 1587

CERTIFICATE OF DEATH

Register No. 3

City..... (No. St. Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Bell J. Cooper

a) Residence No. St., Ward.
 (Usual place of abode) (If non-resident give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day and year) Oct 25 1900

7 AGE Years Months Days If LESS than 1 day... hrs. OR ... min.
24 6 2

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Work

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country)

10 NAME OF FATHER Henry W. Cooper Mich

11 BIRTHPLACE OF FATHER (city or town) (state or country) Mich

12 MAIDEN NAME OF MOTHER Huldah White

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Mich

14 Informant Huldah Cooper
 (Address) B-1

15 Filed May 1 1925 Jay L. Parker
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 27 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1924 to Apr 27, 1925 that I last saw her alive on Apr 26, 1925 and that death occurred on the date stated above at 10:15 A m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
31
 (duration) 1 yrs. 1 mos. + ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory Exam. Physician

(Signed) B. R. Sleeman M.D.
4/28 1925. Address Linden, Mich

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Fairview Cemetery

Apr 30 1925

20 UNDERTAKER Austin Bowles

Address Linden