

PLACE OF DEATH

County of GeneseeTownship of Muskegon

Village of _____

City of _____

(No. _____)

St.; _____

Ward) _____

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

MAY 9 1910

Registered No. _____

[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 Symonther E. Seldin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR whiteDATE OF BIRTH (Month) Sept (Day) 28 (Year) 1890AGE 20 years, 6 months, 3 daysSINGLE, MARRIED, WIDOWED, OR DIVORCED MarriedAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 18 years
Parent of 1 children, of whom None are livingBIRTHPLACE (State or country) MichiganNAME OF FATHER Henry W. CooperBIRTHPLACE OF FATHER (State or country) MichMAIDEN NAME OF MOTHER Hulda WhiteBIRTHPLACE OF MOTHER (State or country) MichOCCUPATION House wife

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

(Informant) Henry Cooper(Address) Linden

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) March (Day) 31 (Year) 1910

I HEREBY CERTIFY, That I attended deceased from March 20th, 1910, to March 31, 1910, that I last saw her alive on March 31, 1910 and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH was as follows:

Child birth due to eclampsia and shock
of system of delivering a child through a gk
contracted pelvis and died in a
haemorrhage (duration) 20 hours

Contributory uræmia and contracted pelvis

(Signed) H. G. Gannett M. D.
April 2, 1910 (Address) Genesee Michigan

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 _____ DATE OF BURIAL April 23 1910UNDERTAKER Austin Bowles ADDRESS Linden Mich

Filed _____

190

Registrar