

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

33 1606

CERTIFICATE OF DEATH

Register No. 11

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

1 PLACE OF DEATH
County *Livingston*
Township *White Oak*
Village

FULL NAME *Margaret Gauss*

Residence No. (Usual place of abode) St., Ward (If non-resident give city or town and state)
Date 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

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

If married, widowed or divorced HUSBAND of (or) WIFE of *Fred Gauss*

DATE OF BIRTH (Month, day and year) *July 11 1876*

AGE Years Months Days If LESS than 1 day... hrs. OR... min.
47 2 28

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

BIRTHPLACE (city or town) (state or country) *Tuskegan Mich*

10 NAME OF FATHER *George Heas*

11 BIRTHPLACE OF FATHER (city or town) (state or country) *Ireland*

12 MAIDEN NAME OF MOTHER *Margaret Gallan*

13 BIRTHPLACE OF MOTHER (city or town) (state or country) *New York*

Informant *Fred Gauss*
(Address) *Waverlyville Mich*

Filed *Oct 27* 1925 *Waco Wilson* Registrar.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month, day and year) *Oct 9th 1925*

17 I HEREBY CERTIFY, That I attended deceased from *Sept 19* 1925, to *Oct 9th* 1925, that I last saw her alive on *Oct 8th* 1925 and that death occurred on the date stated above at *7:30 P.M.*

The CAUSE OF DEATH* was as follows:
Carcinoma of right ovary and liver.
46
(duration) *1* yrs. mos. ds.

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

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

Did an operation precede death? *Exploratory operation* Date of *About 2 months before death*

Was there an autopsy? *N.P.*

What test confirmed diagnosis? *Exploratory operation*
(Signed) *G. A. Rouse* M. D.
10-11-1925 Address *Stockbridge 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
North Stockbridge Mich *Oct 12 1925*

20 UNDERTAKER Address
George Vogt *Hansville*