

PLACE OF DEATH

County of Sag.
 Township of _____
 or
 Village of Chesaning
 or
 City of _____ (No. _____ St.; _____ Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH



604

Registered No. 15

(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 Sarah A. Chapman

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>June</u> (Day) <u>1</u> (Year) <u>1819</u>	
AGE <u>86 years, 2 months, 28 days</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN	{ If married, age at (first) marriage <u>29</u> years Parent of <u>2</u> children, of whom <u>1</u> are living
BIRTHPLACE (State or country) <u>Mass.</u>	
NAME OF FATHER <u>Jacob Dickman</u>	
BIRTHPLACE OF FATHER (State or country) <u>Mass.</u>	
MAIDEN NAME OF MOTHER <u>Anna Andrews</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Mass.</u>	
OCCUPATION <u>House Wife</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>F B Walker</u>	
(Address) <u>Chesaning</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Aug</u>	(Day) <u>29</u>	(Year) <u>1905</u>
I HEREBY CERTIFY, That I attended deceased from <u>Oct 1</u> , 1902, to <u>Aug 29</u> , 1905, that I last saw her alive on <u>Aug 29</u> , 1905, and that death occurred, on the date stated above, at <u>5 P M</u> . The CAUSE OF DEATH was as follows: <u>Erysipelas</u>			
Contributory _____ (DURATION) _____ DAYS			
(Signed) <u>Roy Belton</u> M. D. <u>Aug 31 1905</u> (Address) <u>Chesaning Mich</u>			
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 <u>Chesaning</u>	DATE OF BURIAL <u>Sept 1 1905</u>		
UNDERTAKER <u>W B Walker</u>	ADDRESS <u>Chesaning Mich</u>		
Filed <u>Sept 1 1905</u>	Registrar <u>E J Lee</u>		