

PLACE OF DEATH

STATE OF MICHIGAN

Department of State - Division of Registration

578

County of Chippewagon
 Township of Burton
 Village of Topinabee
 City of _____ (No. _____ St.)

CERTIFICATE OF DEATH



Registered No. 9
 (If death occurred in a hospital or institution give the NAME instead of street and number. If away from usual residence give "Special Information" below.)

FULL NAME Mary Ann Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) Dec (Day) 31 (Year) 1896

AGE 49 years _____ months _____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (last) marriage _____ years Total of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Ohio

NAME OF FATHER George Essig

BIRTHPLACE OF FATHER (State or country) Pansylvania

MAIDEN NAME OF MOTHER Kathleen Gilbert

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION Housewife

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

(Informant) W. J. [Signature]
 (Address) Acworth

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Sept (Day) 3 (Year) 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1906, to Sept 3, 1906, that I last saw him _____ alive on _____, 1906, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH was as follows:
Chronic Mitral Insufficiency

Contributory Acute Dysentery

(Signed) W. G. Rice M. D.
 (Address) Topinabee Mich.

SPECIAL INFORMATION only for Hospital, Institution, Trains or Street Carriage:
 Place or usual residence _____ Date last at place of death _____ Day _____

When was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Hill DATE OF BURIAL Sept 6 1906

UNDERGROUND ADDRESS 1st St Jean, Cheboygan

From _____ 190 _____ Register _____