

## PLACE OF DEATH

County

Township

or

Village

or

City

(No. \_\_\_\_\_)

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## CERTIFICATE OF DEATH

Registered No. 4

OCT 6 1913

St. \_\_\_\_\_

Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Alie M. Hayden

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

DATE OF BIRTH Dec 22, 1854  
(Month) (Day) (Year)

AGE 58 yrs. 9 mos. 5 ds. OR If LESS than 1 day, \_\_\_ hrs. \_\_\_ min.?

OCCUPATION (a) Trade, profession or particular kind of work House keeper  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Michigan

10 NAME OF FATHER Adrian Hayden

11 BIRTHPLACE OF FATHER (State or country) New York

12 MAIDEN NAME OF MOTHER Mary Chackwick

13 BIRTHPLACE OF MOTHER (State or country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cash A. Hayden(Address) Bayne City

15 Filed Sept 28, 1913 Joseph W. Hayden REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

1913

16 DATE OF DEATH Sept 27, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sep. 19, 1913, to Sep. 25, 1913, that I last saw her alive on Sep 19, 1913 and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis

By not know Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory I never saw her proper-  
(SECONDARY) only but in Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) J. H. Bennett, M. D.

Sep. 27, 1913 (Address) Bayne City, Mich

\* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Bayne City DATE OF BURIAL Sept 29, 1913

20 UNDERTAKER J. B. Stacker ADDRESS Bayne City