

PLACE OF DEATH

STATE OF MICHIGAN

County

Lagrain

Department of State - Division of Vital Statistics

Township

Chesaning

CERTIFICATE OF DEATH

APR 4 1911

Registered No. 7

Village

City

(No.)

St.:

Ward:

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

FULL NAME

Jessie E. Hayden

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Female

COLOR OR RACE

White

SINGLE, MARRIED, WIDDED, OR DIVORCED (Write the word)

Single

DATE OF DEATH

Mar. 26, 1911

DATE OF BIRTH

Jan. 7, 1896

AGE

15 yrs. 2 mos. 19 da. or min. 7

If LESS than 1 day, hrs. min. 7

I HEREBY CERTIFY, That I attended deceased from

Mar. 23, 1911 to Mar. 26, 1911

that I last saw her alive on Mar. 26, 1911 and that death occurred on the date stated above, at 1:30 a.m.

OCCUPATION

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

School Girl

The CAUSE OF DEATH* was as follows:

Appendicitis

BIRTHPLACE (State or country)

Mich.

NAME OF FATHER

J. Addison Hayden

BIRTHPLACE OF FATHER (State or country)

Mich.

MAIDEN NAME OF MOTHER

May. E. Scott

BIRTHPLACE OF MOTHER (State or country)

Mich.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. G. Conroy, Chesaning

(Address)

Contributory (SECONDARY)

Signed

H. B. Sturgeon

1911

(Address) Chesaning

* STATE THE DISEASE CAUSING DEATH, OR IF DEATH FROM VIOLENCE, STATE (1) MEANS OF INJURY, AND (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL

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

At place of death yrs. mos. da. In the State yrs. mos. da.

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Chesaning

DATE OF BURIAL

Mar. 28, 1911

UNDERSEALER

H. B. Walker

ADDRESS

Chesaning

FILED

Mar 30 1911

W. B. Condit

REGISTRAR