

PLACE OF DEATH

County Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

494

Township _____

or _____

Village _____

or _____

City Ann Arbor(No. 101 S Thayer St.)St. 66 (Ward)Registrar No. 96

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

FULL NAME Mrs. Ada S Fisher.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)DATE OF BIRTH Aug 11 1861
(Month) (Day) (Year)AGE 54 yrs. 6 mos. 25 ds. If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION
a) Trade, profession or particular kind of work House Wife.
b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) Michigan19 NAME OF FATHER Leonard S Johnson21 BIRTHPLACE OF FATHER (State or country) N.Y.22 MAIDEN NAME OF MOTHER Catherine Garrett.23 BIRTHPLACE OF MOTHER (State or country) N.Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant Leonard Palmer Fisher(Address) 101 S Thayer St.Date March 6, 1916REGISTRAR F. M. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 6 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1915, to March 6, 1916, that I last saw her alive on March 6, 1916, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial NephritisContributory Cerebral hemorrhage
(Duration) 8 yrs. ... mo. ... da.(Signed) H. H. Cummings, M. D.March 6, 1916 (Address) Ann Arbor Med

*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. _____ mo. _____ da. In the State _____ yrs. _____ mo. _____ da.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Clyde, Mich.DATE OF BURIAL Mar 10 191620 UNDERTAKER F. M. ...ADDRESS Ann Arbor.