

Write Plainly with Unfading Ink—This is a Permanent Record.

Place of death  
County Shiawassee  
Township Caledonia  
Village \_\_\_\_\_  
City \_\_\_\_\_

MICHIGAN  
DEPARTMENT OF STATE  
LANSING  
VITAL STATISTICS DIVISION  
CERTIFICATE AND RECORD OF DEATH

[The Registrar should number each certificate received ~~at once~~ in space below, beginning with "No. 1" for each year.]

157



REGISTERED NO. 6

Location in City \_\_\_\_\_ Ward; No. \_\_\_\_\_ St. \_\_\_\_\_

Full Name Charlotte R. Almerdinges Date of Death Apr 8 1901

MONTH.	DAY.	YEAR.
<u>MICH</u>	<u>8</u>	<u>1901</u>

Hospital, Institution or Transient \_\_\_\_\_ How long an In-  
mate or Resident \_\_\_\_\_ Sex Female Color White  
Late or home Residence Caledonia Single, married, widowed or divorced Widow

(If married, age at (first) marriage 24 years.  
Parent of 4 children, of whom 3 are living.

YEARS.	MONTHS.	DAYS.
<u>66</u>	<u>3</u>	<u>14</u>
YEAR OF BIRTH.	MONTH.	DAY.
<u>1834</u>	<u>Dec</u>	<u>23</u>

Occupation, if one 10 years of age House keeping  
{ Name of father Lambert List Birthplace of father (State or country) Germany  
{ Maiden name of mother not known Birthplace of mother (State or country) \_\_\_\_\_

Certificate of Reporter.  
The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.  
(Signed) Lottie E. Baldwin  
(Address) Durand?

Date of burial or removal Apr 11 1901 Place of burial or removal Oak Hill Cemetery  
Signature of undertaker W. Jennings Address of undertaker Orosao

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from on Apr 12 1901 to \_\_\_\_\_ 1901,  
that I last saw him alive on Apr 12 1901, that he died on Apr 14 1901,  
about 6.30 o'clock, a M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as  
hereunder written:

DISEASE CAUSING DEATH: Paresis  
Immediate cause of death \_\_\_\_\_  
Contributory causes or complications, if any \_\_\_\_\_

DURATION OF EACH CAUSE.
<u>67</u>

Post-mortem \_\_\_\_\_ { Place where DISEASE CAUSING DEATH was contracted, if other than place of death. }

\*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc. In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if puerperal.

Witness my hand this 8<sup>th</sup> day of April 1901  
{ Signature of physician, health officer or coroner } Walter B. Jones M. D.  
(Address) Corunna Mich