

1 PLACE OF DEATH
 County Ingham
 Township Meridian
 Village.....

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics
CERTIFICATE OF DEATH

33 ~~2458~~
 33 1311
 Register No. 34

City..... (No. of death occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

2 FULL NAME Margaret W. Black
 a) Residence No. Meridian Sup St. Ward.....
 (Usual place of abode) (If non-resident give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Alexander P. Black

6 DATE OF BIRTH (Month, day and year) April 17

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.
54 | 11 | 18

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Dryman Scotland

10 NAME OF FATHER W. M. Mackie

11 BIRTHPLACE OF FATHER (city or town) (state or country) Dryman Scotland

12 MAIDEN NAME OF MOTHER Agnes Lang

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Alexander Scotland

14 Informant A. P. Black R#7
 (Address) Lansing Mich

15 Filed..... 192 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 5 1924

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1924, to Dec - 5, 1924, that I last saw him alive on Dec - 5, 1924 and that death occurred on the date stated above at 7:30 P.M.
 The CAUSE OF DEATH* was as follows:

123
Rupture of gall bladder
 (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Biliary Calculi
 (duration)..... yrs..... mos..... ds.

18 Where was disease contracted
 If not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Chinase only

(Signed) O. H. Bruegel M. D.
12-6 1924 Address East Lansing Mich

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
 (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Inglis Co new Okemos Mich Date of Burial 12/8 1924

20 UNDERTAKER Jarvis Estes Co Address Lansing

PARENTS