

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County Lapeer

CERTIFICATE OF DEATH

Township _____

or _____

Village _____

or _____

City Lapeer

No. Lapeer City State Hospital

Registered No. 177

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

FULL NAME Edna A. Brooks

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH May 30, 1913
 (Month) (Day) (Year)

DATE OF BIRTH Feb 19, 1908
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1904, to May 30, 1913, that I last saw her alive on May 30, 1913, and that death occurred, on the date stated above, at 11 P.M.

AGE 5 yrs. 3 mos. 11 ds. or 5 yrs. 3 mos. 11 ds. If LESS than 1 day, ___ hrs. ___ min.

The CAUSE OF DEATH* was as follows:

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

Myocardema 79

BIRTHPLACE (State or country) U.S.

Contributory Acute dilatation of heart
 (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

10 NAME OF FATHER unk

Signed A. Rowley, M. D.
May 31, 1913 (Address Lapeer City)

11 BIRTHPLACE OF FATHER (State or country) us

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (State or country) us

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

14 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death 8 yrs. 8 mos. 2 ds. In the State ___ yrs. ___ mos. ___ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence Lapeer

(Informant) A. Rowley

(Address) Lapeer City

15 PLACE OF BURIAL OR REMOVAL Catholic Cemetery DATE OF BURIAL June 3, 1913

JUN 2 - 1913, 1913

16 UNDERTAKER Wm. H. Gable ADDRESS Lapeer City, Mich.

REGISTRAR J. H. Geller