

1. PLACE OF DEATH
County Livingston
Township Unadilla
Village _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

47, 16

CERTIFICATE OF DEATH

FEB 9 1921

Registered No. 10

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

2. FULL NAME Mary Louise Van Syckel
(a) Residence No. _____ St., Ward _____
(Usual place of abode.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced Widowed
(WRITE the word.)
6a If married, widowed, or divorced HUSBAND of Edgar Van Syckel (or) WIFE of
7 DATE OF BIRTH (Month, day and year.) Dec 26 1842
8 AGE Years Months Days If LESS 1 day, hrs. OR min.
78 0 10

16 DATE OF DEATH (Month, day and year) Jan 24 1921
17 I HEREBY CERTIFY, That I attended deceased from Nov 17 1920 to Jan 24 1921
that I last saw h. alive on _____, 19____ and that death occurred on the date stated above at _____
The CAUSE OF DEATH* was as follows:
Angina Pectoris

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

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. da.
18 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) Hollis F. Sigler, M.D.

10 BIRTHPLACE (city or town) (State or country) Unadilla Twp. Mich.
10 NAME OF FATHER Alexander S. Montague
11 BIRTHPLACE OF FATHER (city or town) (State or country) Syracuse N.Y.
12 MAIDEN NAME OF MOTHER Sarah Chipman
13 BIRTHPLACE OF MOTHER (city or town) (state or country) Canadagus N.Y.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial
Plainfield Mich Jan 27 1921
20. UNDERTAKER Address
L. M. Mulvey Stokely Mich.

14 Informant Frank M. Van Syckel
(Address) Bacon Mich.
15 Filed 1/27 1921 H. E. Marshall Registrar.

PARENTS

*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.)