

County Ogemaw
 Township Edwards
 Village _____
 City _____

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

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

233

REGISTERED NO. 4

Location in City _____ Ward; No. _____ St. _____

Full Name Miss D M Cornwell Date of Death _____

MONTH.	DAY.	YEAR.
<u>Dec</u>	<u>24</u>	190 <u>1</u>

Hospital, Institution or Transient _____ How long an In-
 mate or Resident _____
 Late or home _____ Single, married, _____
 Residence Married widowed or divorced _____

Sex Female Color White

If married, age at (first) marriage 16 years.
 Parent of 2 children, of whom 3 are living.

Age 27

YEAR.	MONTHS.	DAYS.
YEAR OF _____	MONTH.	DAY.
1. _____		

Occupation, if over 10 years of age house 10 year old

Birthplace (State or country) Germany

Name of father Mr. Muehlen Birthplace of father (State or country) not known

Name of mother unknown 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.

Date of burial or removal _____ 1901 Place of burial or removal _____

Signature of undertaker Geo W Stocker Address of undertaker West Branch

(Signed) C L Staunman
 (Address) West Branch

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Dec 4 1901 to Dec 4 1901, that I last saw her alive on Dec 4 1901, that she died on Dec 4 1901, about 4 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* childbirth 140

Immediate cause of death _____

Contributory causes or complications, if any _____

DURATION OF EACH CAUSE.

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 Fifth day of Decy 1901.
 Signature of physician, health officer or coroner C L Staunman M. D.
 (Address) West Branch