

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Wayne

Township _____

or _____

Village _____

or Detroit

City _____

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 7608

(No. 577 Fort St. W. St. 8 Ward)

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

FULL NAME Sadie Smith

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

DATE OF DEATH October 19, 1915
(Month) (Day) (Year)

DATE OF BIRTH May 9, 1887
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

AGE 28 yrs. 6 mos. 13 ds. OR 13 hrs. 6 min.?

The CAUSE OF DEATH* was as follows:
Chloroform Poisoning
Suicide.
Taken internally

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

Contributory (SECONDARY) Temporary Insanity
(Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (State or country) Flint

(Signed) J. W. Rothacher, M. D.
Oct 19, 1915 (Address) Croton

NAME OF FATHER Lonzo Mitchell

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Lucy Mitchell

BIRTHPLACE OF MOTHER (State or country) New York

* State the DISEASE CAUSING DEATH, or if death 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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(Informant) Mrs. L. Mills

Where was disease contracted, if not at place of death? _____
Former or usual residence _____

(Address) 577 W. Fort St.

PLACE OF BURIAL OR REMOVAL Flint, Mich. DATE OF BURIAL Oct 20, 1915

OCT 19 1915 J. W. Rothacher REGISTRAR

BURIAL TAKER H. Van Lierbergh ADDRESS Detroit

important.