

PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

116 803

County *Chesbrough*

Township

Village

City *Chesbrough*

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Register No. *23*

2 FULL NAME *Amelia Brandt*

(a) Residence No. \_\_\_\_\_

(Usual place of abode)

St. Ward \_\_\_\_\_

(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) *Widow*

6a If married, widowed or divorced HIS HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day and year) *Nov 2nd 1858*

7 AGE Year- Months Days If LESS than 1 day hrs. OR min. *73 5 5*

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) *Retired* (c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) *Germany Prussia*

10 NAME OF FATHER *Christoph Niemann*

11 BIRTHPLACE OF FATHER (city or town) (state or country) *Hermann Prussia*

12 MAIDEN NAME OF MOTHER *Unknown*

13 BIRTHPLACE OF MOTHER (city or town) (state or country) *Hermann Prussia*

14 Informant *Dr. Harry ...* (Address) \_\_\_\_\_

15 Filed *Apr 7 1932* *J. W. Malenfant* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) *April 7th 1932*

17 I HEREBY CERTIFY, that I attended deceased from *March 4 1932* to *April 7 1932* that I last saw her, alive on *April 6 1932*, and that death occurred on the date stated above at *11 A. m.*

The CAUSE OF DEATH\* was as follows: *Acute nephritis*

(duration) yrs. \_\_\_\_ mos. *15* ds.

CONTRIBUTORY (Secondary) *Corynebacterium* (duration) yrs. \_\_\_\_ mos. *14* ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? *No*

What test confirmed diagnosis? \_\_\_\_\_

(Signed) *F. C. Mayne* M. D.

*April 9 1932* Address *Chesbrough 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 *Chesbrough Mich* Date of Burial *4/10/32*

EMERALD BURIAL HOME *George E. Embury Chesbrough*

PARENTS