

## 1. PLACE OF DEATH

County Shia

Township \_\_\_\_\_

Village \_\_\_\_\_

City Owassee

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

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

276 557

## CERTIFICATE OF DEATH

Registered No. 1432. FULL NAME Mary Evelyn Oberg  
(a) Residence. No. 415 W Exchange St., Ward 4<sup>th</sup>  
(Usual place of abode.) (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) Single

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

6 DATE OF BIRTH (Month, day and year) Apr. 30<sup>th</sup> 19187 AGE Years 5 Months 2 Days 1 If LESS than 1 day, hrs. OR min.

## 8 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

9 BIRTHPLACE (city or town) Owassee Mich (State or country)10 NAME OF FATHER Stor Oberg11 BIRTHPLACE OF FATHER (city or town) Sweden (State or country)12 MAIDEN NAME OF MOTHER Hildegard Ward13 BIRTHPLACE OF MOTHER (city or town) Owassee Mich (state or country)14 Informant Stor Oberg (Address) Owassee Mich15 Filed 7/3 1923 R. L. Lucas Registrar.

## MEDICAL CERTIFICATE OF DEATH

1923

16 DATE OF DEATH (Month, day and year) July 1<sup>st</sup> 192317 I HEREBY CERTIFY, That I attended deceased from June 18, 1922, to July 1, 1923 that I last saw him alive on July 1, 1922 and that death occurred on the date stated above at 11:20 P.M.

The CAUSE OF DEATH\* was as follows:

Septicemia following infection of upper lip  
Broncho-pneumonia contributory.  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.CONTRIBUTORY Broncho-pneumonia (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

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

Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? Examination  
(Signed) R. S. Arnold M. D.7-3 1923, Address Owassee

\*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 Date of Burial

Oak Hill Cem. July 3 1923  
Address Owassee20. UNDERTAKER R. S. Smith