

PLACE OF DEATH

County Genesee
 Township Fronton
 Village or
 City

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

No. 1142

Registered No. _____

(No. MAR-6 '19)

St.; _____ Ward)

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

FULL NAME Samantha White

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

DATE OF BIRTH March 24, 1826
(Month) (Day) (Year)

AGE 92 yrs. 10 mos. 22 ds. If LESS than 1 day, hrs. OR min.?

OCCUPATION House work
(1) Trade, profession or vocation, or particular kind of work.
 (2) General nature of industry, business or establishment in which employed (or employer).

BIRTHPLACE (State or country) Rutown NY

NAME OF FATHER William Root

BIRTHPLACE OF FATHER (State or country) NY

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature Henry Cooper

(Address) Linden

Feb. 27 1919 M. Chase
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2, 1919
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from _____, 1918, to _____, 1919,

that I last saw her alive on Feb 27, 1919, and that death occurred, on the date stated above, at 11.0 a.m.

The CAUSE OF DEATH* was as follows:

General breakdown 154

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) J. G. Burns, M. D. (Address) Linden Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, If not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Linden DATE OF BURIAL Feb 6, 1919

UNDERTAKER Austin Bowles ADDRESS Linden