

PLACE OF DEATH

County Lenawee

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township

or

Village

or

City

(No.)

CERTIFICATE OF DEATH

FEB 6 1915

Registered No.

FULL NAME

Elizabeth KnopfKnopf

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED + (Write the word)DATE OF BIRTH March 23, 1899 (Month) (Day) (Year)AGE 75 yrs. 8 mos. 20 ds. If LESS than 1 day, hrs. OR min.?OCCUPATION (a) Trade, profession or particular kind of work House Wife (b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) GermanyPARENTS 10 NAME OF FATHER Geo Switzer11 BIRTHPLACE OF FATHER (State or country) Germany12 MAIDEN NAME OF MOTHER Anna Pracht13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Knopf (Address) Blissfield15 Filed Jan. 18, 1915 P. E. Fletcher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 13, 1915 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan, 1910, to Jan 13, 1915, that I last saw her alive on Jan 13, 1915, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac DistentionContributory 79 Acute Gastric Distention (SECONDARY) (Duration) yrs. mos. ds. Geo H. Fawcett M. D. (Signed) Jan 15, 1915 (Address) Blissfield

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

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

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

19 PLACE OF BURIAL OR REMOVAL Blissfield DATE OF BURIAL Jan 16, 191520 UNDERTAKER W. S. Dolph ADDRESS Blissfield