

1. PLACE OF DEATH

County Shiawassee

Township _____

Village _____

City Durand

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

176 566

Register No. 192 FULL NAME Clarissa Derby (No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number)(a) Residence No. 107 Loujoy St. _____ Ward _____ (Usual place of abode) (If non-resident give city or town and state)Length of residence in city or town where death occurred 15 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 W. 5 Single, Married, Widowed or Divorced (WRITE the word) Widowed5a If married, widowed or divorced HUSBAND of (or) WIFE of Augustus Derby6 DATE OF BIRTH (Month, day and year) Feb 20, 18467 AGE Years 89 Months 4 Days 3 If LESS than 1 day...hrs. OR...min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Schoharie County, N.Y. State (State or country)13. NAME John Sheldon14. BIRTHPLACE (city or town) N.Y. State (State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Msgr Addie J. Hamlin (Address) 107 Loujoy St. Durand18. BURIAL, CREMATION, OR REMOVAL Place Bristol Date June 26, 193519. UNDERTAKER S. E. M. Gies (Address) Durand Mich.20. FILED 26, 1935 Registrar. W. M. Hamlin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23, 193522. I HEREBY CERTIFY, That I attended deceased from June 22, 1935, to June 23, 1935.I last saw h. or alive on June 23, 1935; death is said to have occurred on the date stated above, at 50 m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis Duration _____Other contributory causes of importance: Senility

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? _____ Autopsy? _____

In case of violence state if accident, homicide or suicide _____

Where did injury occur? _____ (Specify city, county or state)

In industry, home or public place? _____

Was disease or injury related to occupation of deceased? _____

Signed E. J. Carney M.D. M. D.Address Durand Mich.