

1. PLACE OF DEATH

County Genesee
 Township _____
 Village _____

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

CERTIFICATE OF DEATH

State Office No.

22522901

Register No. 145

City Flint (No. 920 Church St., Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary A. Richards

(a) Residence No. 920 Church St., Ward Flint, Mich
 (Usual place of abode)

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.
 (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (WRITE the word) Widowed

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

6. DATE OF BIRTH (Month, day and year) May 8, 1862

7. AGE Years Months Days
75 8 28
 IF LESS than 1 day hrs. OR min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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. BIRTH PLACE (city or town) (State or country) Mundy, Mich

13. NAME John S. Helden

14. BIRTHPLACE (city or town) (State or country) New York15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) unknown17. INFORMANT M. J. Pierson
(Address) Flint, Mich

18. BURIAL, CREMATION, OR REMOVAL

Place Bristol Date Feb 8, 1939

19. UNDERTAKER H. J. Gray
(Address) Flint, Mich20. FILED 2-8-39, 19 George J. Faye, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. ll alive on _____, 19____; death is said to have occurred on the date stated above, at 7:30 m.

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

Chronic Myocarditis
Gastric Carcinoma
Secondary Anemia
Arteriosclerosis
Senility

Other contributory causes of importance:

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? Yes Autopsy? No

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 H. J. Gray M.D.

Address _____