

1 PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

173 2770

County Saginaw

Division of Vital Statistics

CERTIFICATE OF DEATH

Register No. 206

Township

Village

City Saginaw

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

2 FULL NAME Martha Needham

a) Residence No. 1909 State

Length of residence in city or town where death occurred yrs. mos. da. St. Ward (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day and year) May 28, 1840.

7 AGE Years Months Days If LESS than 1 day... hrs. OR... min.  
83 0 12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Flint, Mich.

10 NAME OF FATHER William VanSlyke

11 BIRTHPLACE OF FATHER (city or town) (state or country) Rochester, N.Y.

12 MAIDEN NAME OF MOTHER Elizabeth Rogers

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Rochester, N.Y.

14 Informant W.L. Case Saginaw (Address)

15 Filed Mar. 12, 1924 S.W. Cannon Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar. 10th, 1924.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1924, 19... to Mar. 10, 1924 that I last saw her alive on Mar. 7, 1924 and that death occurred on the date stated above at 19 m.

The CAUSE OF DEATH\* was as follows:

Arteriosclerosis 91

(duration)... yrs... mos... da.

CONTRIBUTORY (Secondary)

(duration)... yrs... mos... da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. C. O'Connell, M.D.

1924 Address Saginaw

\*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 Monitor, Bay Co., Mich.

Date of Burial

Mar 15, 1924

20 UNDERTAKER

Address

W.L. Case

Saginaw