

1. PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

147 774

County Livingston
Township _____
Village _____Register No. 5City Howell (No. _____) (If death occurred in a hospital or institution, give its NAME instead of street and number)
St., Ward _____2. FULL NAME Ida E Cook(a) Residence No. _____ 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed or Divorced (WRITE the word) married5a. If married, widowed or divorced
HUSBAND of _____
(or) WIFE of Edelbert O Cook6. DATE OF BIRTH (Month, day and year) Aug 13, 18707. AGE Years Months Days IF LESS than 1 day hrs. OR min.
66 5 128. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Plainfield Mich
(State or country)13. NAME David Van Dyckle14. BIRTHPLACE (city or town) D.C.
(State or country)15. MAIDEN NAME Augusta Parker16. BIRTHPLACE (city or town) Mich
(State or country)17. INFORMANT D. O. Cook
(Address) Howell18. BURIAL, CREMATION, OR REMOVAL
Place Plainfield Mich Date Jan 27, 193619. UNDERTAKER C. H. Schaefer
(Address) Howell Mich20. FILED Jan 27, 1936 Permanently
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 25, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1936, to Jan 25, 1936.I last saw her alive on Jan 24, 1936; death is saidto have occurred on the date stated above, at 7 A m.

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

Heart Block with Aortic Valvular Disease

Duration

Other contributory causes of importance:

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 C. F. CulverAddress Howell Mich