

## PLACE OF DEATH

County of Livingston  
 Township of Wadilla  
 or  
 Village of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics

165

## CERTIFICATE OF DEATH

Registered No. 6

[If death occurred in a hospital or institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mary Cool

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR <u>White</u>		
DATE OF BIRTH (Month) (Day) (Year) <u>December 16 1826</u>	AGE <u>78</u> years, <u>8</u> months, <u>21</u> days		
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at first marriage <u>18</u> years Parent of <u>5</u> children, of whom <u>4</u> are living			
BIRTHPLACE (State or country) <u>New Jersey</u>			
NAME OF FATHER <u>Samuel VanSyckel</u>			
BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>			
MAIDEN NAME OF MOTHER <u>Sarah Sutfin</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>			
OCCUPATION <u>House Wife</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant) <u>Mrs Jennie Jacobs</u>			
(Address) <u>Plainfield</u>			

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 1906</u>	I HEREBY CERTIFY, That I attended deceased from <u>Jan</u> , 190 <u>1</u> , to <u>Oct</u> , 190 <u>6</u> , that I last saw h <u>e</u> alive on <u>Oct</u> , 190 <u>6</u> , and that death occurred, on the date stated above, at <u>5 A</u> . M. The CAUSE OF DEATH was as follows: <u>General Anemia 57</u>		
Contributory <u>Infants</u>			
(Signed) <u>C. D. Brown</u> M. D. <u>Oct 6 1906</u> (Address) <u>Stackbridge</u>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: Formet or usual residence _____ How long at place of death? _____ Days Where was disease contracted, if not at place of death? _____			
PLACE OF BURIAL OR REMOVAL <u>Plainfield</u>	DATE OF BURIAL <u>Oct 2 1906</u>		
UNDERTAKER <u>J. M. Milner</u>	ADDRESS <u>Stackbridge</u>		
Filed <u>Oct 15<sup>th</sup> 1906</u> <u>L. W. Blair</u> Registrar			