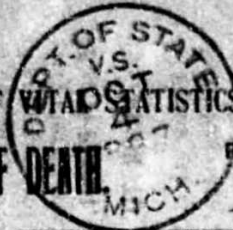


County Shiawassee
Township Perry
Village "
City "

MICHIGAN.

DEPARTMENT OF STATE—DIVISION OF



223

CERTIFICATE AND RECORD OF DEATH

REGISTERED NO.

Full name Bessie Ward Date of death

MONTH.	DAY.	YEAR.
<u>Sept.</u>	<u>22</u>	<u>1897</u>

Place of death Perry St. " Sex Female Color White
Single, married, widowed or divorced Single

If married, age at (first) marriage years.

Age

YEARS.	MONTHS.	DAYS.
<u>15</u>	<u>3</u>	<u>16</u>

Parent of children, of whom are living. Birthplace (State or country) Shia Co. Mich

Occupation

Name of father Edward Ward Birthplace of father (State or country) "
Maiden name of mother Kitty Riley Birthplace of mother (State or country) "

Proposed date of burial or removal Sept 25

Proposed place of burial Perry cemetery

Proposed place of removal "

Signature of undertaker H. H. Wallace Address of undertaker Perry

Certificate of Reporter.

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my

hand this 25 day

of Sept. 1897

(Signature) Ed. Ward

(Address) Perry

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from July 1897 to Sept. 22 1897

that I last saw her alive on Sept. 22 1897, that she died on Sept. 22 1897

about 11, 30 o'clock, P. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as

hereunder written:

Disease causing death Chlorosis and hypertrophy heart

Immediate cause of death Heart failure

Contributory causes or complications, if any Kidney congestion

Post mortem None

DURATION OF EACH CAUSE.

*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e.g., septicemia. Also whether amputation was performed, etc.

Witness my hand this 24 day of Sept 1897

Signature of physician L. M. Cudworth M. D.

(Address) Perry