

## PLACE OF DEATH

## STATE OF MICHIGAN

County

Livingston

Department of State—Division of Vital Statistics

Township

or

Village

or

City

' FULL NAME

Emma B. Cook ✓

## CERTIFICATE OF DEATH

APR 6 1915

Registered No.

261

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Female*

2 COLOR OR RACE *White*

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
(Write the word)

4 DATE OF BIRTH *Mar 27, 1862*  
(Month) (Day) (Year)

5 AGE *52* yrs. *11* mos. *20* ds. *OR* *20* min.  
If LESS than 1 day, hr. or min.?

6 OCCUPATION *at home*

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

7 BIRTHPLACE (State or country) *Michigan*

8 NAME OF FATHER *Roland S. Wilcox*

9 BIRTHPLACE OF FATHER (State or country) *Michigan*

10 MAIDEN NAME OF MOTHER *Debie C. Lantieri*

11 BIRTHPLACE OF MOTHER (State or country) *Michigan*

12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Adelbert Cook*

(Address) *Howell Mich*

13 Filed *Apr 3* 1915 *Lyle J. Pettibone* REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH *Mar - 19 1915*  
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from *Mar 13, 1915*, to *Mar 19, 1915*, that I last saw him alive on *Mar 13, 1915*, and that death occurred, on the date stated above, at *11:30 a.m.*

The CAUSE OF DEATH\* was as follows:  
*Polar Pneumonia.*

Contributory (SECONDARY) \_\_\_\_\_

(Signed) *Jeanette M. Daley*  
*Mar 22, 1915* (Address) *Howell, Mich.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

17 PLACE OF BURIAL OR REMOVAL *Howell Mich* DATE OF BURIAL *Mar 21, 1915*

18 UNDERTAKER *Henry Woodard* ADDRESS *Howell, Mich.*