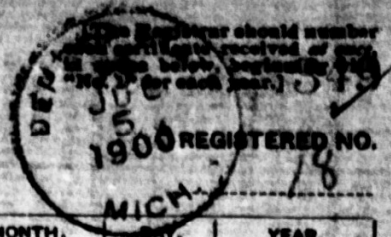


County Kent  
 Township Paris  
 Village \_\_\_\_\_  
 City \_\_\_\_\_

MICHIGAN  
 DEPARTMENT OF STATE  
 LANSING  
 VITAL STATISTICS DIVISION.  
**CERTIFICATE AND RECORD OF DEATH.**



Location in City { \_\_\_\_\_ } Ward; No. \_\_\_\_\_ St. \_\_\_\_\_

Full Name Olive J. Cook Date of Death June 23 1900

Hospital, Institution or Transient County Poor How long an inmate or resident 7 1/2 days Sex Female Color White  
 Late or home Residence Home Single, married, widowed or divorced Single

If married, age at (first) marriage \_\_\_\_\_ years.  
 Parent of \_\_\_\_\_ children, of whom \_\_\_\_\_ are living.

MONTH.	DAY.	YEAR.
YEARS.	MONTHS.	DAY.
<u>70</u>	<u>4</u>	<u>18</u>
YEAR OF BIRTH.	MONTH.	DAY.
<u>1830</u>	<u>March</u>	<u>5</u>

Occupation, if over 10 years of age Inmate of Poor house  
 Name of father Unknown Birthplace of father (State or country) Unknown  
 Maiden name of mother Unknown Birthplace of mother (State or country) Unknown  
 Date of burial or removal June 23 1900 Place of burial or removal County Farm Cemetery  
 Signature of undertaker Weyron Hester Address of undertaker Grand Rapids  
 Birthplace (State or country) New York State  
 Certificate of Reporter.  
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.

**Medical Certificate of Cause of Death.**

I hereby certify that I attended deceased from July 1877 to June 23 1900  
 that I last saw her alive on June 19 1900, that she died on June 23 1900  
 about 2 o'clock, A. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH\* Pardylis  
 Immediate cause of death Bronchitis, Asthma  
 Contributory causes or complications, if any \_\_\_\_\_  
 Post-mortem \_\_\_\_\_  
 Place where DISEASE CAUSING DEATH was contracted, if other than place of death. { \_\_\_\_\_ }

DURATION OF EACH CAUSE.
<u>4 yrs,</u>
<u>Unknown</u>

\*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 operation was performed, etc. In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if puerperal.

Witness my hand this 23 day of June 1900  
 Signature of physician, health officer or coroner Ruben Maurits M. D.  
 (Address) 129 Lake St. Grand Rapids Mich.