

1. PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

294.

County Montcalm
 Township _____
 Village Howard City

(No. _____ St. _____ Register No. 18 Ward _____)

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

2 FULL NAME Adelia V. Myers

(a) Residence No. _____ St., Ward _____ (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 Female 4 Color or Race Wh 5 Single, Married, Widowed or Divorced (WRITE the word) Widowed

6a If married, widowed or divorced HUSBAND of Jacob W. Myers (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) May 13 1842

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min. 92 6 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) (State or country) New York State

13. NAME John Woods

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs May Harmon

18. BURIAL, CREMATION, OR REMOVAL Place Cosqueville Cemetery Date 12-2 1934

19. UNDERTAKER (Address) Charles M. Scott

20. FILED Dec 1 1934 Just Messinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1934 to Nov 29 1934

I last saw him alive on Nov 29 1934 death is said

to have occurred on the date stated above, at 8:15 A.M. The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Duration 13 yrs

Other contributory causes of importance: Senility

If operation, date of no

Condition for which performed no

Organ or part affected no

Was there laboratory test? no Autopsy? no

In case of violence state if accident, homicide or suicide no

Where did injury occur? no (Specify city, county or state)

In industry, home or public place? no

Was disease or injury related to occupation of deceased? no
 Signed Lawrence Wm Ray MD
 Address Howard City Mich

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

"I certify that I have compared this copy with the original on file in the County Clerk's Office and this is a correct copy of the whole of such original."
 MONTCALM COUNTY, MICHIGAN

JAN 05 2004

Kristen Wilson, County Clerk
 By Shirley Carlson
 Deputy Clerk