CERTIFICATE OF DEATH

State File No. 8208 9044

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No. 177

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Wyandotte
c. LENGTH OF STAY (In this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 North Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Michigan
b. COUNTY: Wayne
c. TOWNSHIP, CITY OR VILLAGE (Name of): Wyandotte
d. Is Residence within limits of a city or incorporated village? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 210 North Drive

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) REARDON c. (Last)

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 27-1872
9. AGE (In years last birthday): 79
If under 1 Year: Months / Days
If under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Kossock, Wis
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ------- Wenzel
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE: Mrs Bessie Tack, see above ADDRESS

18. CAUSE OF DEATH.
Enter only one cause per line for (a), (b), and (c)
92
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
4100

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Mental Stenosis — Interval Between Onset and Death: years.
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b): rise to the above cause (a) stating the underlying cause last.
DUE TO(c): Cerebral failure — 2 years
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work [ ] Not While at Work [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Jan, 1949, to 10 May, 1951, that I last saw the deceased alive on 9 May, 1951, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: F. P. Monhaim (Degree or title)
23b. ADDRESS: Wyandotte Mich
23c. DATE SIGNED: 11 May 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 12-51
24c. NAME OF CEMETERY OR CREMATORY: Manitowoc, Wis
24d. LOCATION (City, village, twp., or county) (State): Manitowoc, Wis.

DATE REC'D BY LOCAL REG.: 5-11-51
REGISTRAR'S SIGNATURE: Ford Wagar
25. FUNERAL DIRECTOR'S SIGNATURE: R. J. Nixon, Wyandotte, Mich.
ADDRESS