

STATE OF MICHIGAN
STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PLACE OF DEATH
County of St. Clair
Township of Mable
or
Village of _____
or
City of _____ (No. _____ St.; _____ Ward)

Registered No. 28

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Catherine Thessa Leaym

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Sep</u> (Day) <u>26</u> (Year) <u>1814</u>	
AGE <u>90</u> YEARS, <u>1</u> MONTHS, <u>27</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>25</u> years Parent of <u>7</u> children, of whom <u>4</u> are living	
BIRTHPLACE (State or country) <u>New York</u>	
NAME OF FATHER <u>Godfrey Nestle</u>	
BIRTHPLACE OF FATHER (State or country) <u>New York</u>	
MAIDEN NAME OF MOTHER <u>Maria Bulson</u>	
BIRTHPLACE OF MOTHER (State or country) <u>New York</u>	
OCCUPATION <u>Farming</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) _____	
(Address) _____	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Nov</u>	(Day) <u>22</u>	(Year) <u>1909</u>
---------------	--------------------	-----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from Nov 18 1909, to Nov 22 1909, that I saw her alive on Nov 18 1909, and that death occurred, on the date stated above, at 3 P M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

Contributory _____ (DURATION) _____ DAYS

(Signed) Christopher M. Clark M.D. (DURATION) _____ DAYS

Nov 24 1909 (Address) Geo W Reesh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Mt Pleasant DATE OF BURIAL Nov 26 1909

UNDERTAKER Chas E Lewis ADDRESS Almond

Filed Nov 24 1909 A TRUE COPY Geo W Reesh

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.