

1 PLACE OF DEATH,
County St. Clair

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics

Berkeley
277 1907

Township

CERTIFICATE OF DEATH

Register No. 361

Village

City St. Ignace

(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jane Gore

a) Residence No. 2316 13
(Usual place of abode)

St., Ward.
(If non-resident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 13 mos. 13 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charles Gore

6 DATE OF BIRTH (Month, day and year) Nov. 4 1850

7 AGE Years Months Days If LESS than 1 day... hrs. OR ... min.
74 11 21

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 1
(c) Name of employer.

BIRTHPLACE (city or town) (state or country) Ohio

10 NAME OF FATHER Godfrey Nestle

11 BIRTHPLACE OF FATHER (city or town) (state or country) New York

12 MAIDEN NAME OF MOTHER Mary Adams

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Canada

PARENTS

14 Informant Mrs. Mary Eddy

(Address) St. Ignace, Mich.

15 Filed 10/27, 1925 J. O. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month, day and year) Oct. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5th, 1925, to Oct. 25th, 1925, that I last saw him alive on Oct. 25th, 1925, and that death occurred on the date stated above at 6:45 a.m. The CAUSE OF DEATH* was as follows:

Exhaustion 155

(duration)..... yrs..... mos..... ds.
CONTRIBUTORY Astomyelitis
(Secondary)

(duration) 8 yrs..... mos..... ds.

18 Where was disease contracted

If not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carl H. Bentley M. D.

10-26 1925 Address St. Ignace

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Lamb Michigan Oct 28 1925

20 UNDERTAKER

Arthur Smith St. Ignace