

Write Plainly with Unfading Ink—This is a Permanent Record.

Labs or home residence

How long in in- mate or resident

Hospital, institu- tion or transient

Place of death  
 County St Clair  
 Township Wales  
 Village \_\_\_\_\_  
 City \_\_\_\_\_  
 (Location in City) \_\_\_\_\_

MICHIGAN  
 DEPARTMENT OF STATE  
 LANSING  
 VITAL STATISTICS DIVISION.



358

CERTIFICATE AND RECORD OF DEATH.

REGISTERED NO. 9

Full Name Mary J. Nestler

Date of Death May 23 1905

MONTH	DAY	YEAR
May	23	1905

Single, married, widowed or divorced Widowed

If married, age at (first) marriage 14 years.  
 Parent of 11 children, of whom 6 are living.

Age 75 years 2 months 25 days

Occupation Farming

Date of birth 1830 Mar 1

NOTE—The occupation should be stated for all persons aged 10 years and over. Be precise and definite, and whenever necessary give the kind of industry, trade or employment, as well as the special occupation.

Name of Father Joseph Annis Birthplace of father (State or country) France  
 Maiden name of mother Elija K. Asaw Birthplace of mother (State or country) Canada

Birthplace (State or country) Canada

Certificate of Reporter.

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.

Date of burial or removal May 25 1905 Place of burial or removal Lambert  
 Signature of undertaker J. J. Asquith Address of undertaker W. Murphy

(Signed) J. J. Asquith  
 (Address) W. Murphy

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from May 18<sup>th</sup> 1905 to May 23<sup>rd</sup> 1905  
 that I last saw her alive on May 20<sup>th</sup> 1905, that she died on May 23<sup>rd</sup> 1905  
 about 11 o'clock, P. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH \* Apoplexy.  
 Immediate cause of death \* 64  
 Contributory causes or complications, if any \*

DURATION OF EACH CAUSE.

Post-mortem { Place where DISEASE CAUSING DEATH was contracted, if other than place of death. }

\*Physicians are requested to note the "Suggestions to Physicians Relative to Statement of Causes of Death" on the back of this certificate.  
 In Violent Deaths, a different form of statement is necessary, as follows:  
 (1) Mode of injury and whether accidental, suicidal or homicidal;  
 (2) Nature of injury (immediate cause of death);  
 (3) Contributory causes.

Witness my hand this 25<sup>th</sup> day of May 1905

Signature of physician, health officer or coroner George Walter M. D.  
 (Address) W. Murphy, Mich.