

PLACE OF DEATH

STATE OF MICHIGAN

Department of State - Division of Vital Statistics

County Leelanau

Township or Village or City Northport

CERTIFICATE OF DEATH

MAR 7 1914

Registered No. 2

City (No. 130) St. Ward

FULL NAME Helen Fay Barnes

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

DATE OF DEATH Feb 13 1914 (Month) (Day) (Year)

DATE OF BIRTH Oct 23 1913 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 13 1914 to Feb 12 1914 that I last saw her alive on Feb 12 1914 and that death occurred, on the date stated above, at 8 30 p.m.

AGE 3 yrs. 22 mos. 0 ds. OR 3 yrs. 22 mos. 0 ds. IF LESS than 1 day, hrs. OR min.

The CAUSE OF DEATH\* was as follows:

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

Stomatitis 99 (Duration) yrs. mos. ds. 10 ds.

BIRTHPLACE (State or country) Northport, Mich

10 NAME OF FATHER Levi A. Barnes

Contributory (SECONDARY) (Signed) Robert C. Flood M. D. Feb 16, 1914 (Address) Northport, Mich

11 BIRTHPLACE OF FATHER (State or country) Mich

12 MAIDEN NAME OF MOTHER May C. Baswell

13 BIRTHPLACE OF MOTHER (State or country) Mich

\* State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

(Informant) Mrs. L. A. Barnes

(Address) Northport, Mich

16 PLACE OF BURIAL OR REMOVAL Wanton, Mich DATE OF BURIAL Feb 14, 1914

15 Filed Feb 16 1914 by Geo. M. Leslie REGISTRAR

UNDERTAKER W. J. Thomas ADDRESS Northport, Mich