

Write plainly with unobscured ink - this is a permanent record

Place of death { County Westford }
 { Township Cedar Creek }
 { Village Manton }
 { City _____ }
 { Location in City _____ } Ward; No. _____ St. _____

MICHIGAN
 DEPARTMENT OF STATE
 LANSING
 VITAL STATISTICS DIVISION.
CERTIFICATE AND RECORD OF DEATH.

The Registrar will assign a number to each certificate received at once, in a space below, beginning with No. 1 for each year.
 REGISTERED NO. 13
 DEPT. OF STATE
 NOV 1900

Full Name Eva Idella Barnes Date of Death Oct 22 1900

{ Hospital, Institution or Transient } _____ { How long an Inmate or Resident } _____
 { Late or home Residence } Manton { Single, married, widowed or divorced } Married
 Sex Female Color White
 (If married, age at first marriage 18 years. Age 23
 Parent of two children, of whom both are living. Date of Birth 1877 May 21

YEARS.	MONTHS.	DAYS.
<u>23</u>	<u>5</u>	<u>1</u>
YEAR OF BIRTH.	MONTH.	DAY.
<u>1877</u>	<u>May</u>	<u>21</u>

{ Occupation, if over 10 years of age } _____
 { Name of father } Edward Barter { Birthplace of father (State or country) } New York
 { Maiden name of mother } Mary Brownfoot { Birthplace of mother (State or country) } New York
 { Date of burial or removal } Oct 24, 1900 { Place of burial or removal } Manton
 { Signature of undertaker } A Woodward { Address of undertaker } Manton

{ Birthplace (State or country) } Michigan
Certificate of Reporter.
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.
 (Signed) Edward Lewis
 (Address) Manton

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Oct 20 1900 to Oct 22 1900
 that I last saw him alive on Oct 22 1900, that he died on Oct 22 1900
 about 7 o'clock A. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:
 DISEASE CAUSING DEATH* Bilious Fever
 Immediate cause of death Bilious Fever
 Contributory causes or complications, if any _____
 Post-mortem _____ { Place where DISEASE CAUSING DEATH was contracted, if other than place of death. }

DURATION OF EACH CAUSE.

<u>5</u>	<u>4</u>
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*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc.
 In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if puerperal.

Witness my hand this 22 day of October 1900
 { Signature of physician, health officer or coroner } Edward Morgan M. D.
 (Address) Manton Michigan