

CERTIFICATE OF DEATH

State File No.

1411

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No. 302

1. PLACE OF DEATH a. COUNTY Washtenaw			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Michigan b. COUNTY Washtenaw		
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township) Rural Manchester		c. LENGTH OF STAY (In this place) 8 yrs.	c. TOWNSHIP, CITY OR VILLAGE (Name of) Manchester		d. Is Residence within limits of a city or incorporated village? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 17525 Ely Road			e. STREET ADDRESS (If rural, give location) 17525 Ely Road		
3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) Emeline c. (Last) Patterson		4. DATE OF DEATH (Month) Aug. (Day) 5, (Year) 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23, 1894	9. AGE (In years last birthday) 64	If under 1 year: Months Days If under 24 Hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Midland, Michigan	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME George Clark		14. MOTHER'S MAIDEN NAME Mary Collie		15. NAME OF HUSBAND OR WIFE OF DECEASED Fred Patterson	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None	18. INFORMANT'S NAME ADDRESS Mr. Fred Patterson Manchester, Mich.		
19. CAUSE OF DEATH <small>Enter only one cause per line for (a), (b), and (c)</small> <small>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.</small>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinomatosis - Abdominal ANTECEDENT CAUSES Carcinoma of Sigmoid Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Secondary Anemia				Interval Between Onset and Death 3 mos. 1 yr. mos.
19d. DATE OF OPERATION 7-19-57	19e. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-28 , 19 44 , to 8-5 , 19 58 , that I last saw the deceased alive on 8-5 , 19 58 , and that death occurred at 10:30 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M. R. Blanden, M.D.		23b. ADDRESS Tecumseh, Mich.		23c. DATE SIGNED 8-6-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 7, 1958	24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery	24d. LOCATION (City, village, twp., or county) (State) Alger, Ohio		
DATE REC'D BY LOCAL REG. 8-8-58	REGISTRAR'S SIGNATURE Luella M. Smith, H.M.	25. FUNERAL DIRECTOR'S SIGNATURE Arthur E. Jeter, Manchester, Mich.		ADDRESS	

MARGIN RESERVED FOR BINDING

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK - THIS IS A PERMANENT RECORD

B-38

STATE OF MICHIGAN,)

COUNTY OF **WASHTENAW**)

SS.

I, **LUELLA M. SMITH**

Clerk of said County and ¹ Clerk of the Circuit Court for said County, the same being

a Court of Record having a seal, do hereby certify that the above is a true copy of the Record of Death of

Bessie Emeline Patterson now remaining in my office, and of the whole thereof.

In Testimony Whereof, I have hereunto set my hand and affixed the

seal of the Circuit Court the 8th day of

August 1956

LUELLA M. SMITH Clerk.

By *Edw. N. Woods* Deputy Clerk.

