1. PLACE OF DEATH

Eaton

Township Chester

Village

City

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No. 23 3499

Register No. 7

(No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Laura Phillips

(a) Residence No. St., Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced HUSBAND of (or) WIFE of William Phillips

6 DATE OF BIRTH (Month, day and year) Nov. 30. 1858

7 AGE Years	Months	Days	If LESS than 1 day ___ hrs. OR ___ min.
75	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Grange Co Ind.

FATHER

13. NAME Hiram Norton

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Patience Davis

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Myron Hutchinson Charlotte R. 1.

18. BURIAL, CREMATION, OR REMOVAL Branch Co Place Knauss Cem. Date Apr 1, 1934

19. UNDERTAKER (Address) C. H. Gould Coldwater Mich

20. FILED April 7, 1934 Myron F. Bosworth Registrar.

MEDICAL CERTIFICATE OF DEATH 1934

21. DATE OF DEATH (month, day, and year) 3-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ____, 1927, to 3-29, 1934

I last saw h[er] alive on 3-29, 1934, death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Organic Valvular Heart.	7 yrs

Other contributory causes of importance:

Flu. and Age	2 wks

If operation, date of

Condition for which performed

Organ or part affected

Was there laboratory test? Autopsy?

In case of violence state if accident, homicide or suicide

Where did injury occur? (Specify city, county or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signed H. Allen Moyer M. D.

Address Charlotte Mich