

1. PLACE OF DEATH

County Genesee

Township _____

Village _____

City Flint(No. 144 Oakland Blvd. St. 6 Ward)

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

225 975

Registered No. 1422. FULL NAME Sarah Ann Cutler(a) Residence, No. 144 Oakland Blvd. St., Ward. 6

(Usual place of abode.)

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

Length of residence in city or town where death occurred 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced Widowed
(WRITE the word.)5a If married, widowed, or divorced HUSBAND of William M. Cutler
(or) WIFE of6 DATE OF BIRTH (Month, day and year.) July 3 18587 AGE Years 63 Months 7 Days 22 If LESS than 1 day. hrs. OR min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.10 NAME OF FATHER Samuel Meyers11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.12 MAIDEN NAME OF MOTHER Anna Shelly13 BIRTHPLACE OF MOTHER (city or town) (state or country) Penn.

PARENTS

14 Informant Mrs A. W. Paschell
(Address) Flint Michigan15 Filed Feb. 27 1922 Wm De Kleine
Registrar.16 DATE OF DEATH (Month, day and year) Febry 25 1922 1917 I HEREBY CERTIFY, That I attended deceased from Dec 6 1921 to Feb 25 1922that I last saw her alive on Feb 25 1922 andthat death occurred on the date stated above at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Cochlearia of Lung.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Broken Hip
(Secondary)(duration) _____ yrs. 2 mos. _____ ds.18 Where was disease contracted
If not at place of death? _____Did an operation precede death? Yes Date of Dec 26 22Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Harry H. Knapp M. D.Feb 25 1922 Address 1427 1/2 Detroit

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Glouwood Flint Michigan 2/27 22 19

20. UNDERTAKER Address

Jennings-McKinney Co Flint Mich.