1 PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

63 4099

County Oakland

Township [illegible]

Village Walled Lake

CERTIFICATE OF DEATH

Register No. 12

City ..... (No. ..... St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Marion Courier

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	Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Frank Courier

6 DATE OF BIRTH (Month, day and year) About 1897.

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. OR ... min.
	About	30 yrs.		

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) Hamilton Ont.

PARENTS

10 NAME OF FATHER Patrick Gray

11 BIRTHPLACE OF FATHER (city or town) (state or country) Canada

12 MAIDEN NAME OF MOTHER Sarah Duckworth

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Hamilton Ont. Canada

14 Informant Frank Courier

(Address) Dundee Mich.

15 Filed January 1, 1927 Lee S. Welch Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 1 1927.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1927, to June 1, 1927, that I last saw h.. alive on June 1, 1927, and that death occurred on the date stated above at 4 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? Detroit Mich.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) F. W. Branigh M. D.

1-3, 1927. Address Northville Mich.

*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
Mt. Olivet Detroit	June 9 1927
20 UNDERTAKER A. L. Lent	Address 1005 Mack Ave