MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

CERTIFICATE OF DEATH

State Office No. 250122

Register No. 3684

1. PLACE OF DEATH

County Wayne

Township

Village

City Detroit (No. Providence Hosp St., Ward)

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

2. FULL NAME Theresa Mary Currier

(a) Residence No. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and state) 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	Infant

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

6. DATE OF BIRTH (Month, day and year) Mar 22 1939

7. AGE Years	Months	Days	IF LESS than 1 day hrs. OR 12 min.

OCCUPATION

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

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

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) Detroit Mich

FATHER

13. NAME Frank L. Currier

14. BIRTHPLACE (city or town) (State or country) Ontario Canada

MOTHER

15. MAIDEN NAME Agnes Fallon

16. BIRTHPLACE (city or town) (State or country) Ontario Canada

17. INFORMANT (Address) Frank Currier 8310 Freda

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Mar 22 1939

19. UNDERTAKER (Address) John J. Scanlon 7830 Gisenau

20. FILED MAR 22 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1939, to Mar. 20, 1939

I last saw h.er alive on Mar 20, 1939, death is said to have occurred on the date stated above, at 8 a. m.

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

	Duration
Patent interventricular foramen (6 mos. pregnancy baby)	born as such.
Other contributory causes of importance: General anasarca	
Abdominal ascites	

If operation, date of —

Condition for which performed —

Organ or part affected —

Was there laboratory test? — Autopsy? yes Mar 21/39

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 F. L. Porretta M.D.

Address 1076 Maccabees Bldg