

Nancy Jane Westbrook Adams Death Certificate

**MICHIGAN DEPARTMENT OF STATE LANSING VITAL STATISTICS DIVISION. CERTIFICATE AND RECORD OF DEATH**

Place of death: County Calhoun Co, Township \_\_\_\_\_, Village \_\_\_\_\_, City Battle Creek, Location in City: 5<sup>th</sup> Ward; No. 36, Mass. Ave. B.

[The Registrar should number each certificate received of each, in space below, beginning with Jan. 1<sup>st</sup> for the first death in each year.]

324 REGISTERED NO. 255

Full Name Nancy Jane Adams Date of Death Aug 20<sup>th</sup> 1903

Single, married, widowed or divorced Widow Sex Female Color White

If married, age at (last) marriage 17 years. Age 84 years

Parent of 10 children, of whom 6 are living. Date of birth: 1819 Year, May Month, 10 Day.

Occupation None

NOTE—The occupation should be stated for all persons aged 10 years and over, in precise and definite, and whenever necessary give the kind of industry, trade or employment, as well as the special occupation.

Name of Father: Hiram Westbrook Birthplace of father (State or country) N Y

Name of mother: unknown Birthplace of mother (State or country) N Y

Date of burial or removal: Aug 22<sup>nd</sup> 1903 Place of burial or removal: Williamston

Signature of undertaker: H B Cable Address of undertaker: Battle Creek

(Signature) C. H. Hutchinson  
 Certificate of Reporter.  
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.

**Medical Certificate of Cause of Death.**

I hereby certify that I attended deceased from \_\_\_\_\_ 190 to \_\_\_\_\_ 190 that I last saw him alive on \_\_\_\_\_ 190 that he died on \_\_\_\_\_ 190 about \_\_\_\_\_ o'clock, \_\_\_\_\_ M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH: Supposed old age DURATION OF EACH CAUSE: 154

Immediate cause of death: \_\_\_\_\_

Contributory causes or complications, if any: \_\_\_\_\_

Post-mortem: No (Place where DISEASE CAUSING DEATH was contracted, if other than place of death)

\*Physicians are requested to note the "Suggestions to Physicians Relative to Statement of Causes of Death" on the back of this certificate.  
 In Violent Deaths, a different form of statement is necessary, as follows:  
 (1) Mode of injury and whether accidental, suicidal or homicidal;  
 (2) Nature of injury (immediate cause of death);  
 (3) Contributory causes.

Witness my hand this 20<sup>th</sup> day of August 1903

Signature of physician: Charles H. Hutchinson  
 (Address) Battle Creek