


Sally Ann Adams Cook Death Certificate

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

[The Registrar should number each certificate received and enter in space below with "REG."]

 REGISTERED NO. **6**

Place of birth: County *Calhoun*, Township *Ovid*, Village *Ovid*, City *Ovid*, Ward, No. *5*

Full Name *Sallie A Cook* Date of Death *July 21* 190*3*

Single, married, widowed or divorced *Widowed* Sex *Female* Color *White*

If married, age at (first) marriage _____ years.
 Parent of *2* children, of whom *2* are living.
 Occupation *House Wife*

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

Name of Father *William Cook* Birthplace of father (State or country) *New York*
 Name of mother *Mary Stansell* Birthplace of mother (State or country) *New York*
 Date of burial or removal *July 22 1903* Place of burial or removal *Green Wood Cemetery, Ovid Mich*
 Signature of undertaker *Putnam Jones* Address of undertaker *Ovid Mich*

Birthplace (State or country) *New York*
 Certificate of Reporter.
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.
 (Signed) *Mary J. Huff*
 (Address) *Ovid Mich*

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from *May 30* 190*3* to *July 21* 190*3*, that I last saw her alive on *July 21* 190*3*, that she died on *July 21* 190*3* about *11* o'clock, *P.* M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH * *Heart disease 79*
 Immediate cause of death *
 Contributory causes or complications, if any *
 Post-mortem *None* Place where DISEASE CAUSING DEATH was contracted, if other than place of death.

*Physicians are requested to note the "Suggestions to Physicians Relative to Statements 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 *22* day of *July* 190*3*
 Signature of physician, health officer or coroner *James S. Taylor*
 (Address) *Ovid, Mich*