

Maude Logan Elder Death

Certificate

I. PLACE OF DEATH		MICHIGAN DEPARTMENT OF HEALTH		State Office No.	
County <u>Wayne</u>		Division of Vital Statistics		197759	
Township _____		CERTIFICATE OF DEATH		Register No. <u>649</u>	
Village _____		City <u>Detroit</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME <u>Maud T. Elder</u>		3. (a) Residence No. <u>8280 Epworth Blvd.</u>		St., Ward _____	
Length of residence in city or town where death occurred <u>18</u> yrs. mos. da.		(If non-resident give city or town and state)		How long in U. S., if of foreign birth? yrs. mos. da.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. SEX <u>Female</u>	4. Color or Race <u>White</u>	3. Single, Married, Widowed or Divorced (WRITE the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>June 9, 1935</u>	
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Robert S. Elder</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>May 30, 1935</u> to <u>June 9, 1935</u> I last saw h. l. alive on <u>May 8, 1935</u> death is held to have occurred on the date stated above, at <u>11:45 p.m.</u> The principal cause of death and related causes of im- portance were as follows: <u>Cerebral Hemorrhage -</u> <u>Repeated.</u>	
6. DATE OF BIRTH (Month, day and year) <u>11-24-1876</u>				Duration <u>14 years</u>	
7. AGE		8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.		Other contributory causes of importance	
Years <u>58</u>	Months <u>6</u>	Days <u>15</u>	<u>House wife</u>		
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. BIRTH PLACE (city or town) (State or country)		13. NAME		If operation, date of _____	
<u>Nashville Tennessee</u>		<u>John S. Logan</u>		Condition for which performed _____	
14. BIRTHPLACE (city or town) (State or country)		15. MAIDEN NAME		Organ or part affected _____	
<u>Nashville Tennessee</u>		<u>Mattha Turverbill</u>		Was there laboratory test? Autopsy? <u>No</u>	
16. BIRTHPLACE (city or town) (State or country)		17. INFORMANT (Address)		In case of violence state if accident, homicide or suicide	
<u>Nashville Tennessee</u>		<u>Robert S. Elder</u> <u>8280 Epworth Blvd.</u>		Where did injury occur? (Specify city, county or state)	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Roseland Park</u> Date <u>June 11, 35</u>		19. UNDERTAKER (Address) <u>11853 Hamilton Avenue</u>		In industry, home or public place? _____	
20. FILED		21. Address <u>11853 Hamilton Avenue</u>		Was disease or injury related to occupation of deceased? _____	
JUN 11 1935				Signature <u>H. G. Clark</u>	

Grave marker – Rosewood Cemetery, Detroit Michigan

