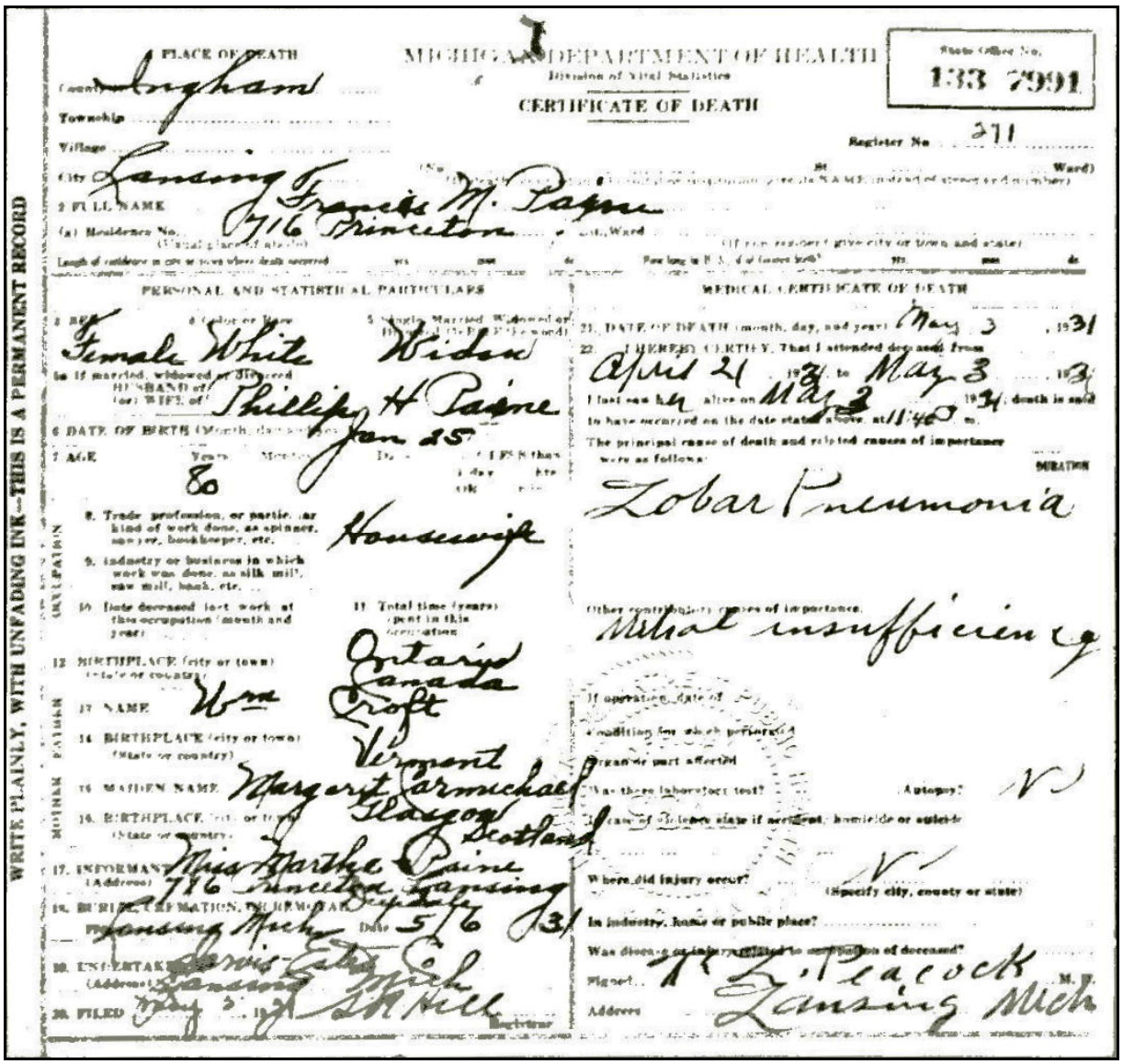
Frances M. Paine Death Certificate



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County Ingham

Township

Village

City Lansing

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

State Office No. 133 7991

Register No. 271

2 FULL NAME Francis M. Paine

(a) Residence No. 716 Princeton St., Ward

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or race White

5 Single, Married, Widowed, or Divorced (Write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip H Paine

6 DATE OF BIRTH (Month, day, and year) Jan 25

7 AGE Years 80 Months Days LESS than 1 day hrs. min.

OCCUPATION

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

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

FATHER

12 BIRTHPLACE (city or town) (State or country) Ontario Canada

13 NAME Wm Croft

MOTHER

14 BIRTHPLACE (city or town) (State or country) Vermont

15 MAIDEN NAME Margaret Carmichael

16. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

17. INFORMANT (Address) Miss Martha Paine 716 Princeton Lansing

18. BURIAL, CREMATION, REMOVAL Lansing Mich. Date May 5 1931

19. UNDERTAKER (Address) Lewis Estey Lansing Mich

20. FILED May 5 1931 S. W. Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1931

22. I HEREBY CERTIFY, That I attended deceased from April 21 1931 to May 3 1931

I last saw him alive on May 3 1931, death in said

to have occurred on the date stated above, at 11:40 a. m.

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

DURATION

Lobar Pneumonia

(Other contributory causes of importance.)

Mitral insufficiency

If operation, date of

Condition for which performed

Organ or part affected

Was there laboratory test? Autopsy? No

Cause 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 contributed to occupation of deceased?

Signed R. L. Peacock M. D.

Address Lansing Mich