

Nancy Jane Westbrook Adams Death Certificate

Place of death	County <i>Calhoun Co</i>	MICHIGAN DEPARTMENT OF STATE LANSING VITAL STATISTICS DIVISION.	[The Registrar should number each certificate received of each, in space below, beginning with Jan. 1 st for the first death in each year.]			324
	Township _____		CERTIFICATE AND RECORD OF DEATH	REGISTERED NO		
	Village _____			255		
City <i>Battle Creek</i>	Location in City { <i>5th Ward; No. 36. Mass. ave. B.</i> }	Date of Death <i>Aug 20th</i> 1903	MONTH _____	DAY _____	YEAR _____	
Full Name <i>Nancy Jane Adams</i>	Single, married, widowed or divorced <i>Widow</i>	Sex <i>Female</i>	Color <i>White</i>			
If married, age at (last) marriage <i>17</i> years.	Parent of <i>10</i> children, of whom <i>6</i> are living.	Age <i>84</i>	YEAR. MONTH. DAY.			
Occupation <i>None</i>	Notes—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.	Date of birth <i>1819</i>	YEAR OF BIRTH. MONTH. DAY.	<i>May 10</i>		
Name of Father <i>Hiram Westbrook</i>	Place of birth (State or country) <i>N Y</i>	Certificate of Reporter.				
Name of mother <i>unknown</i>	Place of birth (State or country) <i>N Y</i>	The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.				
Date of burial or removal <i>Aug 22nd 1903</i>	Place of burial or removal <i>Williamston</i>	(Sign) <i>C. H. Hutchinson</i>				
Signature of undertaker <i>H. B. Cable</i>	Address of undertaker <i>Battle Creek</i>	(Address) <i>Battle Creek</i>				

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* 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 *20th* day of *August* 190*3*

Signature of physician, health officer or coroner *Charles H. Hutchinson*
 (Address) *Battle Creek*