

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>		II. DATE OF DEATH (month, day, and year) <u>June 9, 1935</u>	
3. Single, Married, Widowed or Divorced (WRITE the word) <u>Married</u>		5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Robert S. Elder</u>		II. I HEREBY CERTIFY, That I attended deceased from <u>May 30, 1935</u> to <u>June 9, 1935</u>	
6. DATE OF BIRTH (Month, day and year) <u>11-24-1876</u>		7. AGE		I last saw h. l. alive on <u>March 8, 1935</u> death is said to have occurred on the date stated above, <u>11:45</u> a.m.	
Years <u>58</u>		Months <u>6</u>		The principal cause of death and related causes of importance were as follows:	
Days <u>15</u>		IF LESS than 1 day ____ hrs. OR ____ min.		<u>Cerebral Hemorrhage - Repeated</u>	
8. Trade, profession, or particular kind of work done, or spinner, weaver, bookkeeper, etc. <u>House wife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		Duration <u>14 years</u>	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		Other contributory causes of importance _____	
12. BIRTH PLACE (city or town) <u>Nashville</u>		(State or country) <u>Tennessee</u>		If operation, date of _____	
13. NAME <u>John S. Logan</u>		14. BIRTHPLACE (city or town) <u>Nashville</u>		Condition for which performed _____	
(State or country) <u>Tennessee</u>		15. MAIDEN NAME <u>Mattha Turverbill</u>		Organ or part affected _____	
16. BIRTHPLACE (city or town) <u>Nashville</u>		(State or country) <u>Tennessee</u>		Was there laboratory test? Autopsy? <u>No</u>	
17. INFORMANT <u>Robert S. Elder</u>		(Address) <u>8280 Epworth Blvd.</u>		In case of violence state if accident, homicide or suicide _____	
18. BURIAL, CREMATION, OR REMOVAL		Place <u>Roseland Park</u> Date <u>June 11, 35</u>		Where did injury occur? (Specify city, county or state) _____	
19. UNDERTAKER <u>H. Becker</u>		(Address) <u>11853 Hamilton Avenue</u>		In industry, home or public place? _____	
20. FILED _____		Date <u>June 11 1935</u>		Was disease or injury related to occupation of deceased? _____	
Signature _____		Address <u>11853 Hamilton Avenue</u>		Signature <u>H. G. Clark</u>	

Grave marker – Rosewood Cemetery, Detroit Michigan

