

Certificate of Death

8680

Local file 17656

1. Place of Birth ^{Death}
 county Wayne

2. usual residence
 state Michigan county Wayne

City Detroit Length of stay 70 years. | Detroit | City Limits yes.

address. 3087. 14th St. | 3087. 14th St.

Name of Deceased. First middle Last. | Date of death
 Sarah Mc Crie | December 14-1963

Sex Female | Color or Race White | 7. married | Date of Birth
 Widowed | Jan 25. 1876
 age 87

occupation Housewife | ^{Business} at Home | Birthplace Alvinston Ind. | Citizen U. S. A.

Father's Name. John Livingstone | Mother's maiden name Sarah Campbell | Name of husband. James H. Mc Crie

Informant's name.
 William J. Mc Crie

Cause of Death / medical Certification Interval between onset & death.

A. Disease or condition directly leading to death: -

(1) Arteriosclerotic Encephalopathy (2 yrs) with hemorrhage.

(2) arteriosclerosis, generalized (20 yrs)

other
which was a morbid condition
giving rise to the above cause
Stating the underlying cause
last.

other significant conditions
conditions contributing to the death but
not related to the disease or conditions
causing death.

Diabetes mellitus. (11 yr)

Dr. white attended
deceased from Aug 3 - 48 - Dec 14 - 63
last saw deceased alive on Dec 10 - 63
death occurred occurred 2:15 P.M.

Signature:
Proper D. White M.D. - 58 W. Adams Date signed
Dec. 16, 1963

Burial - Dec. 17 - 1963 | Creguen | Detroit
1:30 P.M. | Cemetery | Mich

Date Rec'd by | Registrar's signature | Funeral Director
Local Reg. | P. Anderson, M.D. | Wm. R. Hamilton
Dec. 16, 1963 | | Co.

John Brockman

Dated
Dec. 17 - 63

Health Commissioner
C.P. Anderson, M.D.
Quinn Head, Gen. Rndg.