MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics
CERTIFICATE OF DEATH

State Office No.

Register No. 4

1. PLACE OF DEATH
County Baraga
Township L'Anse
Village
City (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Isabella Colin alias Collins

(a) Residence No. (Usual place of abode) St., Ward (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race W
5. Single, Married, Widowed or Divorced (WRITE the word) Widow
5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Frank Collins
6. DATE OF BIRTH (Month, day and year)
7. AGE Years 75 Months 5 Days 25 IF LESS than 1 day hrs. OR 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

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

FATHER
13. NAME Joseph Duquette
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Delima Bisarga
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Elzias Collins
(Address) L'Anse
18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place L'Anse Mich Date 2/24, 1939
19. UNDERTAKER H. C. Hansen
(Address) L'Anse Mich
20. FILED 2/21, 1939 Peter Lenid Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/20, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1939, to 2/20, 1939
I last saw her alive on 2/20, 1939, death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows: Duration
Senility
Arterio Sclerosis

Other contributory causes of importance:

If operation, date of
Condition for which performed
Organ or part affected
Was there laboratory test? Autopsy?
In case 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 related to occupation of deceased?
Signed Aaron Rosen
Address L'Anse Mich

b. 22 Aug 1863