

PLACE OF DEATH
 County Leelanau
 Township or Village or City Northport 130
 No. _____ St. _____ Ward _____
 STATE OF MICHIGAN
 Department of State—Division of Vital Statistics
 CERTIFICATE OF DEATH
 MAR 7 1914 Registered No. 2
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Helen Fay Barnes

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>Female</u> <u>White</u>	2 COLOR OR RACE <u>White</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	10 DATE OF DEATH <u>Feb</u> <u>13</u> , 191 <u>4</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 13</u> , 191 <u>4</u> , to <u>Feb 12</u> , 191 <u>4</u> , that I last saw her alive on <u>Feb 12</u> , 191 <u>4</u> , and that death occurred, on the date stated above, at <u>8:30</u> p.m. The CAUSE OF DEATH* was as follows: <u>Stomatitis</u> 99 (Duration) _____ yrs. _____ mos. <u>10</u> ds.
4 DATE OF BIRTH <u>Oct. 23</u> , 191 <u>3</u> (Month) (Day) (Year)	5 AGE yrs. <u>3</u> mos. <u>22</u> ds. OR _____ yrs. _____ mos. _____ ds.	6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u>	11 CONTRIBUTORY (SECONDARY) (Signed) <u>Robert C. Flood</u> , M. D. <u>Feb 16, 1914</u> (Address) <u>Northport, Mich</u> * State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
7 BIRTHPLACE (State or country) <u>Northport, Mich</u>			12 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
8 PARENTS 10 NAME OF FATHER <u>Levi A. Barnes</u> 11 BIRTHPLACE OF FATHER (State or country) <u>Mich</u> 12 MAIDEN NAME OF MOTHER <u>May C. Baswell</u> 13 BIRTHPLACE OF MOTHER (State or country) <u>Mich</u>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. L. A. Barnes</u> (Address) <u>Northport, Mich</u>	
15 FILED <u>Feb 16</u> , 191 <u>4</u> BY <u>Geo. M. Leslie</u> REGISTRAR			16 PLACE OF BURIAL OR REMOVAL <u>Wanton, Mich</u> DATE OF BURIAL <u>Feb 14</u> , 191 <u>4</u> UNDERTAKER <u>Wm. J. Thomas</u> <u>Northport, Mich</u> ADDRESS _____	