

County Cadiz

Department of State—Division of Vital Statistics

Township _____

TRANSCRIPT OF CERTIFICATE OF DEATH

Village Ann ArborRegistered No. 21City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME William C. Alsever(a) Residence. No. _____ St., Ward. _____
(Usual place of abode.)
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. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced
HUSBAND of Edith H. Alsever
or WIFE of _____6 DATE OF BIRTH (Month, day and year.) Aug 4, 18617 AGE Years 69 Months 4 Days 11 If LESS than 1 day, _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Bank Cashier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town) (State or country) Montgomery Alabama10 NAME OF FATHER Chilion Alsever11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown12 MAIDEN NAME OF MOTHER Annie (ann) Bleedol13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown14 Informant Med. B. Alsever
(Address) Grand Rapids Mich.15 Filed 12-17, 1930 Clara V. Vane
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 15 193017 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Dec 15, 1930, that I last saw him alive on Dec 15, 1930, and that death occurred on the date stated above at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris(duration) 5 min. yrs. _____ mos. _____ ds. _____

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds. _____

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____
(Signed) R. L. O. McLaughlin, M. D.
12-17, 1930 Address Ann Arbor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wood Lawn Cem Date of Burial 12-17 19302 UNDERTAKER Myron E. Prey Address Charlotte

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ORIGINAL IN MICHIGAN DEPT. OF STATE, DIVISION OF VITAL STATISTICS, ANN ARBOR, MICH.