

1 PLACE OF DEATH
County Caton

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

Township _____
Village Vermontville

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 5

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Asa J. Brown

(a) Residence. No. _____ St., Ward. _____
(Usual place of abode.) (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 Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married
5a If married, widowed, or divorced
HUSBAND of Sarah A. Brown
(or) WIFE of _____
6 DATE OF BIRTH (Month, day and year.) 1847-3-2
7 AGE Years Months Days If LESS than 1 day, 5 hrs. OR 30 min.
84 4 29

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Albion
(State or country) Mohe Co Ind

PARENTS
10 NAME OF FATHER Thomas R. Brown
11 BIRTHPLACE OF FATHER (city or town) Bedford Co
(State or country) Penn
12 MAIDEN NAME OF MOTHER Jennie Smith
13 BIRTHPLACE OF MOTHER (city or town) Iratt Co
(state or country) Penn

14 Informant Ethel Brown Litch
(Address) Center Line, Mich

15 Filed Aug 3, 1931 Chadwick
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 7-31 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to July 31, 1931, that I last saw him alive on July 30, 1931 and that death occurred on the date stated above at 49 m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) _____ 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) C. J. Sirell M. D.

Aug 3, 1931, Address Vermontville

*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

Vermontville Date of Burial Aug 3, 1931

2 UNDERTAKER

Myron E. Pacy Address Chadwick

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.

WRITE PLAINLY, WITH UNBROKEN CAPITALS—NO ABBREVIATIONS—NO CIPHERS—NO UNUSUAL MARKS

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