

1 PLACE OF DEATH
County Easton
Township Hermontville
Village Hermontville
City _____
(No. _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
St. _____ Ward _____
Registered No. 3

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

2 FULL NAME Henry H. Brown

(a) Residence. No. _____ St., Ward _____
(Usual place of abode.)
Length of residence in city or town where death occurred 20 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 Certrude Brown (or) WIFE of
6 DATE OF BIRTH (Month, day and year.) 3/27/1844
7 AGE Years Months Days If LESS than 1 day, _____ hrs. OR _____ min.
89 11 24

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ly Sander N.Y.10 NAME OF FATHER Samuel Brown11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown N.Y. State12 MAIDEN NAME OF MOTHER Harris13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown New York State14 Informant Wm. H. Brown (Address) Plainville15 Filed 3/22, 1934 W. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar 21 193417 I HEREBY CERTIFY, That I attended deceased from May 18, 1933, to Mar 21, 1934 that I last saw him alive on Mar 21, 1934 and that death occurred on the date stated above at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic MyocarditisYears (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) L. Ronald Kelsey, D.D. M. D. , 19 34, Address Hermontville Mich.

*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 Date of Burial

Woodlawn Cemetery Mar 24 1934

2 UNDERTAKER

Ralph V. Hess Address Washville Mich.

M. 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.

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