

1 PLACE OF DEATH

County

Township

Village

City

2 FULL NAME

(a) Residence. No.

(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.

St., Ward.

(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.)

5a If married, widowed, or divorced:
HUSBAND of
(or) WIFE of6 DATE OF BIRTH
(Month, day and year.)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

OR.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE
OF FATHER (city or town)
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER (city or town)
(state or country)

14 Informant

(Address)

15

Filed 3/28, 1934

Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 5

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
(Month, day and year)

17

I HEREBY CERTIFY, That I attended deceased from

Mar 20, 1934, to Mar 26, 1934

that I last saw him alive on March 26, 1934, and

that death occurred on the date stated above at 8:15 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration).....yrs.....mos. 6 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. L. O. McLaughlin, M. D.

, 19 , 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

Date of Burial

Woodlaw Cemetery Mar 29, 1934

2 UNDERTAKER

Address

R. K. Ward