

1 PLACE OF DEATH
County Easton
Township Vermontville
Village Vermontville

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 13

City Easton (No. 9/4 State of 11/9/34 clerk
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Francis C. McCusker

(a) Residence. No. 1 St., Ward. 1
(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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (Month, day and year.) ? ? 1899

7 AGE Years 35 Months ? Days ? If LESS than 1 day, hrs. OR min.

8 OCCUPATION OF DECEASED

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

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown

14 Informant Mich. State Police
(Address) E. Lansing, Mich.

15 Filed 8/16, 1934 L.R. Hubbs Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 10 1934

17 I HEREBY CERTIFY, That I attended deceased from

?, 19?, to ?, 19?

that I last saw h. alive on ?, 19? and that death occurred on the date stated above at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Crushed under R.R. Engine after engine left track & turned over following collision with automobile
(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? no

What test confirmed diagnosis?

(Signed) A. C. Cheney Coroner, 19 ?, Address Charlotte 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

Ann Arbor Mich. 8/11 1934

2 UNDERTAKER Address

A. C. Cheney Charlotte Mich.

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 UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR INDEXING

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