Township

Village Vermontville

Registered No. 14

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

2 FULL NAME Hollis W. Kliseman

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

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary A. Kliseman

6 DATE OF BIRTH (Month, day and year.) 7-18-1856

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. OR ..... min.
78	2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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) Pittsfield O.

PARENTS

10 NAME OF FATHER Martin Kliseman

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

12 MAIDEN NAME OF MOTHER Mary Ann Wooley

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

14 Informant Mary Kliseman

(Address) Vermontville Mich

15 Filed 10/2, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept 28th 1934

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to Sept 28, 1934, that I last saw him alive on Sept 28, 1934 and that death occurred on the date stated above at 5 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(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 Donald Kelsey MD

, 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
Woodlawn	Oct 1, 1934
2 UNDERTAKER R R Ward	Address Vermontville

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation important.

333