

I PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics

Township

TRANSCRIPT OF CERTIFICATE OF DEATH

Village

Registered No. 17

City

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

2 FULL NAME

James H. Clapper

(a) Residence. No.

St., Ward.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If non-resident give city or town and State.)

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.)

6a 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 MOTHER NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER (city or town)
(state or country)14 Informant
(Address)

15

Filed

10/2, 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
(Month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from

Sept 30, 1934, to Sept 30, 1934

that I last saw him alive on Sept 28, 1934, and

that death occurred on the date stated above at 11/2 m.

The CAUSE OF DEATH* was as follows:

Strangled on piece
of meat

20 Min (duration) yrs. mos. ds.

CONTRIBUTORY Apoplexy 3 yrs
(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. Donald Kelly 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

2 UNDERTAKER

Address

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

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