

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
SEX <i>Male</i>	COLOR <i>White</i>	DATE OF DEATH <i>Jan</i>	(Month) <i>Jan</i>	(Day) <i>4</i>	(Year) <i>1907</i>
DATE OF BIRTH <i>April</i>	(Month) <i>April</i>	(Day) <i>13</i>	(Year) <i>1834</i>		
AGE <i>72</i>	<i>8</i>	<i>21</i>	YEARS MONTHS DAYS		
SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>					
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <i>42</i> years Parent of <i>5</i> children, of whom <i>5</i> are living					
BIRTHPLACE (State or country) <i>New York</i>					
NAME OF FATHER <i>Sidney Marble</i>					
BIRTHPLACE OF FATHER (State or country) <i>New York</i>					
MAIDEN NAME OF MOTHER <i>Phoebe Bullock</i>					
BIRTHPLACE OF MOTHER (State or country) <i>New York</i>					
OCCUPATION <i>Hotel Keeper</i>					
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF					
(Informant) <i>Mrs. J. C. Marble</i>					
(Address) <i>Vermontville</i>					
I HEREBY CERTIFY, That I attended deceased from <i>12 o'clock 4</i> 1907, to <i>9 o'clock 4</i> 1907, that I saw him alive on <i>Jan 4</i> 1907, and that death occurred, on the date stated above, at <i>9 P. M.</i>					
The CAUSE OF DEATH was as follows: <i>Coagula in heart cavities</i>					
Contributory <i>Distention-Vascular Lesions</i>					
(Signed) <i>W. S. Snell</i> M. D.					
<i>1-7</i> 1907 (Address) <i>Vermontville</i>					
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:					
Former or usual residence		How long at place of death? Days			
Where was disease contracted, if not at place of death?					
PLACE OF BURIAL OR REMOVAL <i>Woodlawn Cemetery</i>		DATE OF BURIAL <i>Jan 8</i> 1907			
UNDERTAKER <i>W. Hammond</i>		ADDRESS <i>Vermontville</i>			
Filed <i>Jan 8</i> 1907		A TRUE COPY <i>D. R. Finley</i> Registrar			