

MARGIN RESERVED FOR BINDING.

Form 93-11-05-500 bks., 100 pages.

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

PLACE OF DEATH  
County of Eaton  
Township of \_\_\_\_\_  
or  
Village of Vermontville  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics  
TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7  
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Isaac L. Norton

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Male</u>	COLOR <u>white</u>		
DATE OF BIRTH <u>July 12</u> (Month) <u>12</u> (Day) <u>1844</u> (Year)			
AGE <u>63</u> YEARS <u>0</u> MONTHS <u>4</u> DAYS			
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>20</u> years Parent of <u>1</u> children, of whom <u>1</u> are living			
BIRTHPLACE (State or country) <u>Ohio</u>			
NAME OF FATHER <u>J. K. Norton</u>			
BIRTHPLACE OF FATHER (State or country) <u>New Jersey</u>			
MAIDEN NAME OF MOTHER <u>Margan Boots</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Penn</u>			
OCCUPATION <u>Farmer</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant) <u>Mrs. J. C. Norton</u>			
(Address) <u>Vermontville</u>			

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>July</u> (Month) <u>16</u> (Day) <u>1907</u> (Year)			
I HEREBY CERTIFY, That I attended deceased from <u>July 4</u> 1907, to <u>July 16</u> 1907, that I saw him alive on <u>July 16</u> 1907, and that death occurred, on the date stated above, at <u>2 P. M.</u>			
The CAUSE OF DEATH was as follows: <u>Typhoid Fever</u>			
(DURATION) <u>15</u> DAYS			
Contributory <u>Heart Failure</u>			
(DURATION) <u>1</u> DAYS			
(Signed) <u>J. D. McEachran</u> M. D.			
<u>July 7</u> 1907 (Address) <u>Vermontville</u>			
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 <u>Woodlawn Cemetery</u>		DATE OF BURIAL <u>July 18</u> 1907	
UNDERTAKER <u>C. Hammond</u>		ADDRESS <u>Vermontville</u>	
Filed <u>July 17</u> 1907		A TRUE COPY <u>D. R. Finley</u> Registrar	