

County of Eaton

Department of State—Division of Vital Statistics

Township of _____

or

Village of Vermontville

or

City of _____

(No. _____ St.; _____ Ward)

Registered No. 6

[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 William Parmenter

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Oct 18 1824

AGE 77 YEARS 8 MONTHS 18 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 27 years
Parent of 3 children, of whom 3 are living

BIRTHPLACE (State or country) New York

NAME OF FATHER John Parmenter

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Sallie Doty

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm Parmenter

(Address) Pelockey Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
July 4 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907, to July 4 1907, that I saw him alive on July 4 1907, and that death occurred, on the date stated above, at 5 P M.

The CAUSE OF DEATH was as follows:

Congestion of Lungs

(DURATION) 10 DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) J D McEachran M. D.
July 5 1907 (Address) Vermontville

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 Woodlawn Cemetery DATE OF BURIAL July 7 1907

UNDERTAKER W Hammond ADDRESS Vermontville

Filed July 5 1907 A TRUE COPY DR Finley Registrar

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

MARGIN RESERVED FOR BINDING.