

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		STATE OF MICHIGAN	
County of <u>Eaton</u>		Department of State—Division of Vital Statistics	
Township of _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
or Village of <u>Vermontville</u>		Registered No. <u>9</u>	
or City of _____		[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.]	
(No. _____ St.; _____ Ward)			
FULL NAME <u>William Marshall Griswold</u>			

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
SEX <u>Male</u>	COLOR <u>white</u>			DATE OF DEATH (Month) <u>November</u>	(Day) <u>13</u>	(Year) <u>1907</u>	
DATE OF BIRTH (Month) <u>June</u>	(Day) <u>27</u>	(Year) <u>1848</u>		<p>I HEREBY CERTIFY, That I attended deceased from <u>Oct 1</u> 190<u>7</u>, to <u>Nov</u> 190<u>7</u>, that I saw him alive on <u>Nov 13</u> 190<u>7</u>, and that death occurred, on the date stated above, at <u>4:30 P.M.</u></p> <p>The CAUSE OF DEATH was as follows: <u>Heart Failure</u> <u>Organic Heart Disease</u> <u>A few minutes</u> (DURATION) _____ DAYS Contributory <u>Taking cold day before</u> <u>over exertion</u> (DURATION) _____ DAYS (Signed) <u>P. L. Green</u> M. D. <u>Nov 14</u> 190<u>7</u> (Address) <u>Vermontville</u></p>			
AGE <u>59</u> YEARS, <u>4</u> MONTHS, <u>16</u> DAYS							
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>							
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage <u>26</u> years Parent of <u>6</u> children, of whom <u>6</u> are living							
BIRTHPLACE (State or country) <u>Michigan</u>							
NAME OF FATHER <u>Roger W. Griswold</u>							
BIRTHPLACE OF FATHER (State or country) <u>Vermont</u>							
MAIDEN NAME OF MOTHER <u>Abigail Starr Bascom</u>							
BIRTHPLACE OF MOTHER (State or country) <u>Vermont</u>							
OCCUPATION <u>Farmer</u>							
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) <u>Robert L. Griswold</u> (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>Nov 18</u> 190 <u>7</u>			
				UNDERTAKER <u>W. Hammond</u>			
				ADDRESS <u>Vermontville</u>			
				Filed <u>Nov 16</u> 190 <u>7</u> A TRUE COPY <u>D. H. Linley</u> Registrar			