

County of Canton

Department of State—Division of Vital Statistics

Township of Ypsilanti

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of YpsilantiRegistered No. 4(No. St. Ward)FULL NAME Alfred Pulaski Sention

(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.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) April (Day) 10 (Year) 1830

AGE 82 YEARS 2 MONTHS 1 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage years

Parent of children, of whom are living

BIRTHPLACE (State or country)

New York

NAME OF FATHER

Isaac Sention

BIRTHPLACE OF FATHER (State or country)

Don't know

MAIDEN NAME OF MOTHER

Mary Moore

BIRTHPLACE OF MOTHER (State or country)

Don't know

OCCUPATION

Retired Farmer

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

(Informant) (Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) June (Day) 11 (Year) 1902

I HEREBY CERTIFY, That I attended deceased from July 11, 1891 to June 11, 1902, that I saw him alive on June 10, 1902 and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows:

Come of StrokesContributory (Signed) C. S. Snell

M. D.

June 12, 1902 (Address) Ypsilanti

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

Nashville

DATE OF BURIAL

6-13 1902

UNDERTAKER

R. L. Hammond

ADDRESS

7. Trille

Filed

June 12, 1902

A TRUE COPY

C. C. Stuenkel

Registrar

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

MARGIN RESERVED FOR BINDING.

Form 93—11-03-000 Dec., 100 pages

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