

1 PLACE OF DEATH
County Colt
Township Vermontville
Village "
City "

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elo S. Boman

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced
HUSBAND of Jessie Williams
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) 1867-6-13

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
58 5 29

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Mich

10 NAME OF FATHER Vendel Boman

11 BIRTHPLACE OF FATHER (city or town) (state or country) Canada

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Mr. Jessie Boman
(Address) Vermontville

15 Filed 12/15, 1925 L. H. Fark
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 12/12 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924, to Dec 12, 1925
that I last saw him alive on Dec 10, 1925 and that death occurred on the date stated above at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY arterio sclerosis
(Secondary)

(duration) 3 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. A. McLaughlin M. D.

12/17, 1925 Address Vermontville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Vermontville

Date of Burial 12/13 1925

2 UNDERTAKER

L. H. Fark

Address

12/14/25

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

Form 93a-9-5-21-1000 Books-100 pages.

MARGIN RESERVED FOR BINDING