MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

1 PLACE OF DEATH
County Eaton
Township Vermontville
Village Vermontville
City
(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wilson J Parker

(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	4 Color or Race	5 Single, Married, Widowed or Divorced (*Write* the word)
~~Male~~ ~~Female~~	White	Marr

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Margaret Parker

6 DATE OF BIRTH (Month, day and year) 1837 - 3/31

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
	89		21	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Canada

PARENTS
10 NAME OF FATHER Geo. Parker
11 BIRTHPLACE OF FATHER (city or town) (state or country) Long Island
12 MAIDEN NAME OF MOTHER Hicks
13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Catherine P Carley
(Address) Vermontville, Mich

15 Filed 4/27, 1926 C A Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 4/28 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/18, 1926, to 4/23, 1926
that I last saw him alive on April 23, 1926 and
that death occurred on the date stated above at 1 P m.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)
(duration) 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) S. L. Snell, M. D.
April, 1926. 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 Lowell Mich — Date of Burial 4/30 1926

2 UNDERTAKER D. D. Hess — Address Vermontville

Form 93a—9-5-21—1000 Books—100 pages.

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

MARGIN RESERVED FOR BINDING

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