

1 PLACE OF DEATH
County Edg
Township Vermahle
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 Sillespie B. morey

(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 <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>widowed</u>		
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Julien morey</u>				
6 DATE OF BIRTH (Month, day and year) <u>1842-10-14</u>				
7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. OR.....m'n.
	<u>83</u>	<u>7</u>	<u>16</u>	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mass
(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) Mass.

10 NAME OF FATHER Anthony morey

11 BIRTHPLACE OF FATHER (city or town) (state or country) Mass.

12 MAIDEN NAME OF MOTHER "

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

14 Informant morey H. H. H.
(Address)

15 Filed 6/2, 19 20 L. H. L.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 5/30 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 26, to May 30, 19 26, that I last saw him alive on May 30, 19 26, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:

B. angrene left foot

(duration).....yrs.....mos.....ds.

CONTRIBUTORY arterio sclerosis
(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) B. L. D. McLaughlin, M. D.
5/31, 19 26, Address Vermahle

*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 Woodlawn Date of Burial June 2 1926

2 UNDERTAKER D. L. H. Address Woodlawn

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.