

1 PLACE OF DEATH  
County Oak  
Township Vermontville  
Village ''  
City

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

2 FULL NAME Frank Howard Benedict

(a) Residence No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
(Usual place of abode)  
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) single

5a If married, widowed or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of None

6 DATE OF BIRTH (Month, day and year) 1860 - 3 - 23

7 AGE Years Months Days If LESS than  
65 11 23 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ m'n.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.

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

10 NAME OF FATHER William Henry Benedict

11 BIRTHPLACE OF FATHER (city or town) W. G. State  
(state or country)

12 MAIDEN NAME OF MOTHER Josephine Barber

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

14 Informant May Leaville  
(Address) Greenville Mich

15 Filed 7/21, 1926 B. H. Tol  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 7/19 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to 7/19, 1926

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ and

that death occurred on the date stated above at 5:30 m.

The CAUSE OF DEATH\* was as follows:

Angina Pectoris

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) B. H. Tol M. D.

7/19, 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

Vermontville

Date of Burial

7/20 1926

2 UNDERTAKER

D. D. Henn

Address

Vermontville

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

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