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

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MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 17

1 PLACE OF DEATH

County Lenawee

Township Venice

Village

City (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Chas. L. Dorman

(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.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced HUSBAND of (or) WIFE of Chas L. Damon

6 DATE OF BIRTH (Month, day and year) 1856 - 3 - 22

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
70	7	28	

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 Thomas Dorman

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

12 MAIDEN NAME OF MOTHER Austin

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

14 Informant Harley H. Dorman

(Address) Detroit Mich

15 Filed 11/23, 1926 C A Lash Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 11/20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Nov 20, 1926

that I last saw h alive on Nov 20, 1926 and

that death occurred on the date stated above at 12 m.

The CAUSE OF DEATH* was as follows:

Cancer of lower Bowels

(duration) 1 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) L. L. D. McLaughlin M. D.

Nov 22, 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 11/22 1926

2 UNDERTAKER W. D. Hess — Address Nashville

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