

I PLACE OF DEATH
County Oshtemo
Township Vermontville
Village _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

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

2 FULL NAME Brace W. Knowles

(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 (or) WIFE of Alice B. Knowles

6 DATE OF BIRTH (Month, day and year) 1872-3-3

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
55 6

8 OCCUPATION OF DECEASED

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

(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) N. Y. State

10 NAME OF FATHER Franklin Knowles

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

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) N. Y. State

14 Informant Alice B. Knowles
(Address) Vermontville, Mich

15 Filled 3/12, 1922 B. H. Ladd
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/9 1922

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1922, to March 9, 1922, that I last saw him alive on March 9, 1922, and that death occurred on the date stated above at 6.4 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? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. S. Snell M. D.

3/10, 1922, 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, Mich Date of Burial 3/11 1922

2 UNDERTAKER B. H. Ladd Address Vermontville

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

MARGIN RESERVED FOR BINDING

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

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