MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4

MARGIN RESERVED FOR BINDING

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

Form 93a—9-5-21—1000 Books—100 pages.

1 PLACE OF DEATH

County Gratiot

Township Vernonville

Village

City

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

2 FULL NAME Isaac Blough.

(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	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of May Drake

6 DATE OF BIRTH (Month, day and year) 1833 9-21

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
	73	5	24	

8 OCCUPATION OF DECEASED

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

(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) Vermont

PARENTS

10 NAME OF FATHER Josiah Blough

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

12 MAIDEN NAME OF MOTHER Eliza Shepard

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

14 Informant May Blough

(Address) Vernonville

15 Filed 2/21, 1927 C H L. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/15 1927

17 I HEREBY CERTIFY, That I attended deceased from 3/10, 1927, to 3/15, 1927

that I last saw h[illegible] alive on 3/10, 1927 and

that death occurred on the date stated above at 11 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(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) C L G. M. D. Loughlin

3/21, 1927. Address Vernonville

*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 Vernonville — Date of Burial 3/20 1927

2 UNDERTAKER W. D. Hess — Address Vernonville

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