

1 PLACE OF DEATH  
County Del.  
Township Vermont  
Village 1'  
City \_\_\_\_\_

# MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

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

2 FULL NAME William P. Slout

(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 M 4 Color or Race W 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary Slout

6 DATE OF BIRTH (Month, day and year)

7 AGE Years Months Days If LESS than 1 day hrs. OR m'n.  
67 11 15

### 8 OCCUPATION OF DECEASED

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

(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. York

10 NAME OF FATHER William Slout

11 BIRTHPLACE OF FATHER (city or town) (state or country) New Jersey

12 MAIDEN NAME OF MOTHER Annie Moore

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New Jersey

14 Informant Mary Slout  
(Address) Vermont

15 Filed 7/1, 1927 B H Lamb  
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 6/21 1927

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1927, to 6/21, 1927, that I last saw him alive on 6/21, 1927, and that death occurred on the date stated above at 6 a.m.

The CAUSE OF DEATH\* was as follows:

Chronic Intestinal  
Nephritis

(duration) 3 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. L. H. M. D.

6/23, 1927, Address B. H. Lamb

\*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

Bellevue

Date of Burial

6/27 1927

2 UNDERTAKER

H. H. H. H.

Address

Vermont

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

MARGIN RESERVED FOR BINDING

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