MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 11

I PLACE OF DEATH

County Sh

Township Vermontville

Village "

City

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

2 FULL NAME William Childs.

(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	Wht	Widowed.

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

6 DATE OF BIRTH (Month, day and year) Oct 20 1846

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. OR ... min.
	80	10	10	

8 OCCUPATION OF DECEASED

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

(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) Ohio.

PARENTS

10 NAME OF FATHER Ambrose Childs

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

12 MAIDEN NAME OF MOTHER Johnson

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

14 Informant Mrs Violata Childs

(Address) Vermontville

15 Filed 9/1, 1927 Chas Fox Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 31 1927

17 I HEREBY CERTIFY, That I attended deceased from 3/7, 1927, to 9/31, 1927

that I last saw h.. alive on 8/80, 1927 and

that death occurred on the date stated above at 3 P m.

The CAUSE OF DEATH* was as follows:

Ulcer of stomach

(duration) ... yrs. 3 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) C. S. Lyell, M. D.

9/1, 1927. 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 Woodlawn — Date of Burial 9/2 1927

2 UNDERTAKER P O Ross — Address Nashville

Form 93a—9-5-21—1000 Books—100 pages.

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

MARGIN RESERVED FOR BINDING

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