

1 PLACE OF DEATH
County Essex
Township Vernantall
Village 11
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 13

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

2 FULL NAME Charles E. Farr

(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 Mary Farr

6 DATE OF BIRTH (Month, day and year) Dec 29 1891

7 AGE Years 36 Months 11 Days 13 If LESS than 1 day _____ hrs. OR _____ m'n.

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) Essex County

10 NAME OF FATHER Walter Farr

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

12 MAIDEN NAME OF MOTHER Kathleen M. Mah

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

14 Informant Mrs. Loretta Sashie (Address) Lansing

15 Filed 12/10, 1922 B. H. Lamb Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 12/12 1922

17 I HEREBY CERTIFY, That I attended deceased from 12/12, 1922, to 12/12, 1922, that I last saw him alive on 12/12/22, 1922, and that death occurred on the date stated above at 12 m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 10 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. L. G. McLaughlin M. D.

12/14, 1922, Address Vernantall

*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

12/15 1922

2 UNDERTAKER

Ralph V. Hess

Address

Vernantall

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

MARGIN RESERVED FOR BINDING

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