

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1 PLACE OF DEATH
County 8th
Township Vermont
Village "

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics
TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

2 FULL NAME Frank G. Ambrose
(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.

Registered No. 14
(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race Wht 5 Single, Married, Widowed or Divorced (Write the word) Cell married

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

6 DATE OF BIRTH (Month, day and year) Apr 6 / 1856

7 AGE Years 51 Months 8 Days 18 If LESS than 1 day.....hrs. OR.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None. Ret.
(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

10 NAME OF FATHER Orin Ambrose

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

12 MAIDEN NAME OF MOTHER Mary Mandle

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

14 Informant Cata Ambrose (Address) Vermont

15 Filled 12/23, 1921 G. H. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 12/24 1921

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1921, to Dec 24, 1921 that I last saw him alive on Dec 22, 1921 and that death occurred on the date stated above at 9 a.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? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John S. Bell M. D.
Dec 22, 19 21, Address Vermont

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Vermont Date of Burial 12/23 1921

20 UNDERTAKER Ralph Ross Address Vermont