

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

1 PLACE OF DEATH  
County Calhoun  
Township Vermontville  
Village "  
City "

## MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

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

2 FULL NAME James H. Carter

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

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

6 DATE OF BIRTH (Month, day and year) 1848-3-5

7 AGE Years 79 Months 7 Days 3 If LESS than 1 day, hrs. OR min.

## 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) Freemant Ohio  
(state or country)

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) N. Y. S.  
(state or country)

12 MAIDEN NAME OF MOTHER Elizabeth Baldwin

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

14 Informant Bert Carter  
(Address) Vermontville

15 Filed 2/18, 1928 C. H. Lamb Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 2/18 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1925, to Feb 8, 1928, that I last saw him alive on Feb 8, 1928, and that death occurred on the date stated above at " m.

The CAUSE OF DEATH\* was as follows:  
Found dead in bed morning  
of 2/10/28 Had been suffering  
with chronic end stage Rheumatism  
(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? No Date of

Was there an autopsy? No

What test confirmed diagnosis?  
(Signed) C. H. Lamb M. D.

2/18, 1928, 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 Date of Burial

Bretham Cemetery 2/18 1928  
2 UNDERTAKER Address W. D. Lamb

244