

NOTICE TO REGISTRARS.

1. Mail returns on FOURTH day of the following month.
2. Record certificates as soon as received and number in order from beginning of calendar year.
3. Note omissions of items and require undertakers to report all of the information required by law. If absolutely impossible to secure certain facts, enter as "Unknown."
4. If deaths occurred in your district and failed to be reported to you, state that fact when mailing report on fourth day of month, giving name and address of undertaker and name and date of death of decedent.
5. After September 17, 1903, licensed embalmers may be authorized by the Secretary of State to act as subregistrars for townships and villages. They must return all certificates to you by the third day of the month so that you can report them on the fourth day. Notify Department at once of any delay or irregularity on part of subregistrar. Send in any delayed return as soon as filed with you.
6. Read law, "Suggestions" on cover, Registrar's Manual, and refer any case of difficulty to the State Department.

REGISTER OF DEATH.

No. 1

Date of Death

Feb 14th 1906

Full Name

Dominic Hering Sr.

Home residence, if
other than place of death }

Time resident here

Sex Male Color white { Age 90 yrs. 5 mos. 1A days

Date of birth Sep 26 1815

Single, married,
widowed, divorced }

Birthplace

Occupation Farmer

Father's name John Hering

Birthplace Germany

Mother's name

Birthplace

Disease causing death Fertility

Medical attendant S. G. Bush.

Place of burial or removal Chelsea

Undertaker* Gaffan

Certificate filed* Feb 14th

1906

REGISTER OF DEATH.

No. 2

Date of Death

Feb. 181906

Full Name

Lester Roy HopkeHome residence, if
other than place of deathSylvania

Time resident here

Sex

Color

{ Age 2 yrs. 2 mos. 28 days
Date of birthSingle, married,
widowed, divorced

Birthplace

Sylvania

Occupation

Father's name

Westwood Hopke

Birthplace

Mich

Mother's name

Mary Webb

Birthplace

Mich

Disease causing death

Stomach

Medical attendant

Dr. Bush

Place of burial or removal

Sylvan Cemetery

Undertaker*

Sylvan Mortuary

Certificate filed*

Feb 221906

REGISTER OF DEATH.

No. 13

Date of Death _____ 190_____

Full Name Sophronous NemHome residence, if
other than place of death } Sylvan Time resident here _____Sex Female Color White { Age 70 yrs. 9 mos. 29 days
Date of birth _____Single, married,
widowed, divorced } Married Birthplace GermanyOccupation House wifeFather's name Adam Abel Birthplace GermanyMother's name Kath. Radde Birthplace GermanyDisease causing death Cerebral HemorrhageMedical attendant A. GuldPlace of burial or removal SylvanUndertaker* S. A. Mpls.Certificate filed* Regd. 23 1906

REGISTER OF DEATH.

No. 114

Date of Death 190.....

Full Name Golde PassasHome residence, if
other than place of death } Time resident hereSex Male Color White { Age 86 yrs. 1 mos. 18 days
Date of birthSingle, married,
widowed, divorced } Widowed Birthplace GermanyOccupation FarmerFather's name Wort Ryvor Birthplace GermanyMother's name Rosa Shundau Birthplace GermanyDisease causing death Valvular disease of heartMedical attendant S. J. BushPlace of burial or removal German M E Churchyd.Undertaker* S. A. MaperCertificate filed* Apr 27 1906

REGISTER OF DEATH.

No. 5Date of Death May 2 1906Full Name Edna FiskHome residence, if
other than place of death } Sylvan Time resident hereSex female Color white { Age 44 yrs. 11 mos. 1 days
Date of birth 1861 June 1Single, married,
widowed, divorced } Divorced Birthplace New YorkOccupation Formerly wifeFather's name Sylvester Hills Birthplace N YMother's name Jane W Eggleton Birthplace N YDisease causing death Abscess of LungMedical attendant I G BushPlace of burial or removal Cork Grove Cem. ClintonUndertaker* SeimansCertificate filed* May 7 1906

REGISTER OF DEATH.

No. 6

Date of Death

May 31st

1904

Full Name

Hethcote Delaney Reed.

Home residence, if
other than place of death }

Time resident here

Sex

Male

Color

White

{ Age 69 yrs.

mos. 13 days

Date of birth

1837

Single, married,
widowed, divorced }

Single

Birthplace

New York

Occupation

Farmer

Father's name

Guson Reed

Birthplace

New York

Mother's name

Sarah Commins

Birthplace

New York

Disease causing death

Cerebral Aphexy

Medical attendant

Dr Andrus Gulde

Place of burial or removal

Berkshire Cemetery

Undertaker*

Stafford & Son

Certificate filed*

Title 4

1904

REGISTER OF DEATH.

No. 7

Date of Death June 16 1906

Full Name Geo. Seine

Home residence, if other than place of death } Sylvan Time resident here —

Sex Male Color White { Age yrs. mos. 5 days
Date of birth June 11 1906

Single, married, widowed, divorced } single Birthplace Sylvan

Occupation Father's name Revol. Seine Birthplace Michigan

Mother's name Munya " Birthplace "

Disease causing death Spasms

Medical attendant A. G. Seine

Place of burial or removal door yard

Undertaker* Parents + Grand parents

Certificate filed* June 17 1906

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

REGISTER OF DEATH.

No. 87

Date of Death

July 10 1906Full Name Wm. J. HoppeHome residence, if
other than place of death } Sylvania Time resident here _____Sex Male Color White { Age 73 yrs. 11 mos. 1 days
Date of birth Aug 11 1832Single, married,
widowed, divorced } Widowed Birthplace Germany

Occupation _____

Father's name Conrad Hoppe Birthplace GermanyMother's name Anna Koenig Birthplace _____Disease causing death Inestinal obstructionMedical attendant I G BushPlace of burial or removal S. EvansUndertaker* S. A. MapesCertificate filed* July 13 1906 1906

REGISTER OF DEATH.

No. 8Date of Death Oct 3 19066Full Name Mary Miller

Home residence, if other than place of death } Time resident here

Sex Female Color White { Age 71 yrs. 9 mos. 22 days
Date of birth _____Single, married, widowed, divorced } Married Birthplace GermanyOccupation _____ Father's name Geo Lehman Birthplace GermanyMother's name Don't know Birthplace Don't knowDisease causing death heart disease aidIntercalary diseaseMedical attendant Geo W PalmerPlace of burial or removal Germantown M. E.Undertaker* Sol MapesCertificate filed* Oct 5 1906

REGISTER OF DEATH.

No. 9

Date of Death

Oct 271906

Full Name

Fred SagerHome residence, if
other than place of death }

Time resident here

Sex Male

Color

White

{ Age

61

yrs.

4

mos.

12

days

Date of birth

Single, married,
widowed, divorced }Married

Birthplace

Germany

Occupation

Farmer

Father's name

Jacob Sager

Birthplace

Germany

Mother's name

Ratherum Gall

Birthplace

Germany

Disease causing death

by cutting throat -

Medical attendant

R. D. Walker, Justice

Place of burial or removal

Vermont Cem.

Undertaker*

Certificate filed*

190

REGISTER OF DEATH.

No. 10

Date of Death

Dec 17

1906

Full Name

John Francis Runciman

Home residence, if

other than place of death

Sylvan

Time resident here

Sex

Male

Color

White

{ Age

52

yrs.

77

mos.

16

days

Date of birth

Single, married,
widowed, divorced

Married

Birthplace

Michigan

Occupation

Farmer

Father's name

Jas Runciman

Birthplace

Scotland

Mother's name

Isabella Carter

Birthplace

Scotland

Disease causing death

Krebsia, Chronic Intestinal
ulcerous Cardiac Hypertrophy

Medical attendant

Gulde & Tolman

Place of burial or removal

Oak Grove Cem.

Undertaker*

Schnapier

Certificate filed*

12/19

1906

REGISTER OF DEATH.

No. 11

Date of Death

12/17

1906

Full Name

Waldemar Lewis Hayes

Home residence, if

other than place of death } Michigan Time resident here

Sex

Male

Color

White

{ Age

1

yrs.

2

mos.

20

days

Date of birth

Sep 22 1905

Single, married,
widowed, divorced }

Birthplace

Michigan

Occupation

Herman W Hayes

Father's name

Herman W Hayes

Birthplace

Michigan

Mother's name

Ester Reno

Birthplace

Michigan

Disease causing death

Convulsions

Medical attendant

James McCooligan

Place of burial or removal

Family Cem

Undertaker*

Sammons

Certificate filed*

12/20/1

1906

REGISTER OF DEATH.

No. 12

Date of Death _____ 190 _____

Full Name Elizabeth Remenschneider

Home residence, if
other than place of death } Washington Time resident here _____Sex Female Color White { Age 81 yrs. 2 mos. 16 days
Date of birth _____Single, married,
widowed, divorced } Widowed Birthplace Germany

Occupation _____

Father's name Donald Knorr Birthplace _____

Mother's name Dorit Knorr Birthplace _____

Disease causing death Intestinal obstruction

Medical attendant Andrus Guld

Place of burial or removal German M.E. Serv.

Undertaker* Samapex

Certificate filed* 12/24 1906

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

REGISTER OF DEATH.

No. 13

Date of Death Dec. 26 1907

Full Name Mary Ellen Ward

Home residence, if other than place of death } Time resident here

Sex Fe. Color White { Age yrs. 84 mos. days
Date of birth

Single, married, widowed, divorced } Widowed Birthplace N.Y.

Occupation Housewife

Father's name Safry Thompson Birthplace U.Y.

Mother's name Polly Wheeler Birthplace U.Y.

Disease causing death pneumonia.

Medical attendant S. G. Brush

Place of burial or removal S. G. from Cem.

Undertaker* G. W. Staffor

Certificate filed* Jan 24 1907

REGISTER OF DEATH.

No. *#2*

Date of Death

Feb. 2

1907

Full Name

*Harrington*Home residence, if
other than place of death

Time resident here

Sex

Fr. Color *White* Age *82* yrs. *11* mos. *19* days

Date of birth

Single, married,
widowed, divorced*Widowed* Birthplace *New York*

Occupation

Father's name

Peter Coats Birthplace *New York*

Mother's name

Rachel Krause Birthplace *N.Y.*

Disease causing death

Lung & Heart Disease

Medical attendant

Gro W Palmer

Place of burial or removal

Vermont Cem.

Undertaker*

Gro Staffan

Certificate filed*

Feb. 7 1907

REGISTER OF DEATH.

No. 15

190

Date of Death

Full Name

Nathan Kellogg

Home residence, if

other than place of death }

Time resident here

Sex

Male Color White{ Age 88 yrs. 11 mos. 16 days

Date of birth

Single, married,
widowed, divorced{ Sing. Birthplace Michigan

Occupation

Lorship

Father's name

Chas Kellogg Birthplace Mich.

Mother's name

Larry Wood Birthplace Mich

Disease causing death

Pernicious Anemia

Medical attendant

Andrews Subde

Place of burial or removal

Sylvan Cem.

Undertaker*

S. A. Mapes

Certificate filed*

Feb 5 1907

REGISTER OF DEATH.

No.

~~164~~

Date of Death Mar. 1 1907

Full Name Carlson S Nolten

Home residence, if other than place of death } Time resident here

Sex Female Color white { Age 65 yrs. 5 mos. 12 days
Date of birth

Single, married, widowed, divorced } Widowed Birthplace Michigan

Occupation Housewife

Father's name Casper Arts Birthplace Germany

Mother's name Mary Gorboth Birthplace Germany

Disease causing death Organic Heart Disease
with fatty degeneration of heart

Medical attendant William Lyon

Place of burial or removal German M.E. Cem

Undertaker* S.A. Mapes

Certificate filed* Mar 6 1907

REGISTER OF DEATH.

No. 15

Date of Death

July 17

1907

Full Name

Ellen Row GuthrieHome residence, if
other than place of death }

Time resident here

Sex

Female Color white{ Age 84 yrs. 2 mos. 5 days{ Date of birth May 12 - 1823Single, married,
widowed, divorced{ Widowed Birthplace IcelandOccupation HousewifeFather's name Robert Row Birthplace IcelandMother's name Esther Guthrie Birthplace IcelandDisease causing death Broncho-pneumonia

Medical attendant

Dr G. Bush

Place of burial or removal

Sylvan Center, Nylon Twp.

Undertaker*

J.A. Mapes #638

Sub Reg#

July 20

1907

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

R.H. Pea

REGISTER OF DEATH.

No. 5

Date of Death

July 31

1907

Full Name

Willis Canfield

Home residence, if
other than place of death

Lyndon Trap

Time resident here

Sex

Male

Color

White

{ Age

39

yrs.

1

mos.

19

days

{ Date of birth

May 12-1868

Single, married,
widowed, divorced

{ Single

Birthplace

Michigan

Occupation

Farmer

Father's name

Geo Canfield

Birthplace

New York

Mother's name

Elizabeth Subais

Birthplace

Michigan

Disease causing death

Run over by N. G. P. R.

train

Medical attendant

None

Place of burial or removal

Moore Cemetery Lyndon

Undertaker*

J. A. Mapes Chelsea #638

Certificate filed*

Aug 3

1907

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

R.O.H. Reg.

REGISTER OF DEATH.

No. #7

Date of Death

Aug 141907

Full Name

Pasina Bertha LehmanHome residence, if
other than place of death }

Time resident here

Sex

Female Color white { Age 40 yrs. — mos. 17 daysDate of birth May 28-1867Single, married,
widowed, divorced{ Single Birthplace Michigan

Occupation

House keeper

Father's name

John M Lehman Birthplace Germany

Mother's name

Mary Waltz Birthplace GermanyDisease causing death Death caused by accident,Killed by an electric car

Medical attendant

Dr. Riemenschneider Justice Saloon Top

Place of burial or removal

Rogers Corners

Undertaker*

A. Mapes Chelsea #638.

Certificate filed*

August 19th 1907

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

80.9. Reg.

REGISTER OF DEATH.

No. 8

Date of Death Sept 18

1907

Full Name Philip Riemenschneider

Home residence, if other than place of death } Time resident here

Sex Male Color White { Age 92 yrs. — mos. 17 days
Date of birth Sept 1-1815

Single, married, widowed, divorced } Widowed Birthplace Germany

Occupation Farmer

Father's name Henry Riemenschneider Birthplace Germany

Mother's name Anna K. Laun Birthplace Germany

Disease causing death Chronic Cystitis & Prostatitis

Contributory - Senility

Medical attendant E. J. Chase

Place of burial or removal German M. E. Cemetery

Undertaker* S.A. Mapes #638.

Certificate filed* Sept 20/ } 1907

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

J. W. P.

REGISTER OF DEATH.

No. 9

Date of Death

June 5th 1907

Full Name

Lyman B. Ward

Home residence, if
other than place of death }

Time resident here

Sex

Male

Color

White

{ Age

82

yrs.

2

mos.

17

days

{ Date of birth

Mar 18-1825

Single, married,
widowed, divorced }

Married

Birthplace

New York

Occupation

Stone Mason

Father's name

Eli Ward

Birthplace

New York

Mother's name

Don't Know

Birthplace

New York

Disease causing death

Chronic Nephritis, Pulm Asthma
+ other complications

Medical attendant

E. F. Chase

Place of burial or removal

Sylvan Cemetery, Sylvan Dwp.

Undertaker*

F. Staffon Son

Certificate filed*

Sep 12 1907

1907

REGISTER OF DEATH.

No. 90

Date of Death

Sept 17

1907

Full Name

John Doyle

Home residence, if
other than place of death }

Time resident here

Sex male

Color white

{ Age 70 yrs. — mos. — days

{ Date of birth 1837

Single, married,
widowed, divorced

{ Married

Birthplace

New York

Occupation Farmer

Father's name

John Doyle

Birthplace

Ireland

Mother's name

Don't Know

Birthplace

Ireland

Disease causing death

Hornbasis

Medical attendant

A. S. L.

Place of burial or removal

Catholic Cemetery Chelsea Mich

Undertaker*

F. Staffor Son

Certificate filed*

Oct 4th

1907

*If filed by Subregistrar, enter name, license number and exact date of filing. In such case.

permit in

J. M. J.

REGISTER OF DEATH.

No. 11.

Date of Death Dec 28 - 1907

Full Name May A. Congdon

Home residence, if other than place of death } Upland Time resident here

Sex Female Color white { Age 29 yrs. 10 mos. 26 days

Single (?) Date of birth Feby 2-1878. Birthplace Ann Arbor, Mich.

Occupation unknown

Father's name Alfred R. Congdon Birthplace born.

Mother's name Jessie Pierce Birthplace Michigan

Disease causing death Hypertrophy of heart with mitral stenosis, enlargement of Liver. Dropyton.

Medical attendant J. G. Bush

Place of burial or removal Oak Grove Cemetery Chelsea

Undertaker* F. Staffor Son

Certificate filed* Jan 3 - 1908

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

P.S.

REGISTER OF DEATH.

No. *100*Date of Death *March 14 1908*Full Name *Clifford J. Worthy*Home residence, if
other than place of death } Time resident here *27 yrs*Sex *Male* Color *White* { Age *27* yrs. *10* mos. *18* days
Date of birth *April 26 - 1880*Single, married,
widowed, divorced } Single Birthplace *Michigan*Occupation *Farmer*
Father's name *John Worthy* Birthplace *England*Mother's name *Caroline Barker* Birthplace *Michigan*Disease causing death *Typhoid Fever*Medical attendant *Geo. H. Gaines*Place of burial or removal *Romont Cemetery, Sylvan.*Undertaker* *J. M. Apes # 638*Certificate filed* *March 17 1908*

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

Govt. Reg.

REGISTER OF DEATH.

No. 2.

Date of Death

June 4

1908

Full Name

Mrs. Ophelia Davidson

Home residence, if
other than place of death }

Time resident here

Sex

Female

Color

White

{ Age

67

yrs.

8

mos.

1

days

{ Date of birth

Oct. 3rd, 1840

Single, married,
widowed, divorced }

Widow

Birthplace

Michigan

Occupation

None

Father's name

Jacob Shunk

Birthplace

P. Q. U.S.A.

Mother's name

Mary Minas

Birthplace

M. " "

Disease causing death

Cancer of Uterus & Bowels

Medical attendant

G.W. Palmer, M.D.

Place of burial or removal

Vermont Cemetery

June 17
1908

Undertaker*

F. Staffan & Son

Certificate filed*

July 13

1908

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

C.W. Marney

Form 26 [93]

County

Washburn

STATE OF MICHIGAN.

Township

Sylvan

REGISTRAR'S

Village

PERMIT FOR BURIAL OR REMOVAL.

No. 2

Date of Death

June 14th 1908

Full name

Mrs. Ophelia Davidson

Age 67-8-1 yrs.

DISEASE CAUSING DEATH

Cancer of Uterus & Bowels

Medical attendant

Dr. Palmer MD

Proposed date of
burial or removal

June 1 1908

Place of burial

Vernon Cemetery Chelsea

Place of removal

via

Undertaker

Hoffman & Son

Address

Chelsea

A Certificate of Death having been filed in my office in accordance with the Laws of Michigan, I hereby authorize the

(Burial or Removal.)

of the body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burial or removal must be conducted according to the rules of the State and local boards of health.

Dated

July 3rd 1908

Clerk of

(Registrar of Deaths.)

*Write "Burial" or "Removal" as the case may be. BURIAL PERMITS must be delivered by the Undertaker to the Sexton. Removal Permits must be given to the Agent of Transportation Company, and attached by him to box containing body.

NOTICE TO UNDERTAKERS.

This blank constitutes a Registrar's "Burial Permit" or "Removal Permit," according to the manner in which it is filled out by the Registrar.

As a Registrar's BURIAL PERMIT, it must be obtained by the undertaker before any disposition is made of the body. It is the duty of the undertaker to have a certificate of death properly filled out with the personal and statistical facts required by law, to present it to the attending physician for his certificate of cause of death, and then to file the completed certificate of death with the Registrar of the district where the death occurred. The undertaker is alone responsible for failure to obtain a Permit before the disposition of the body and should personally attend to the filing of the certificate of death. If no undertaker has charge, then the person acting as such is responsible.

The undertaker must deliver the Burial Permit to the Sexton. SEXTONS should not permit the interment of a body unaccompanied by a regular Burial or Removal Permit. (This does not apply to bodies of persons whose deaths occurred outside of Michigan.)

As a Registrar's REMOVAL PERMIT, this blank must be obtained from the Registrar as above, presented by the undertaker to the Agent of the Transportation Company, and be attached by the latter to the box containing the body. The Removal Permit is not a Transit Permit. The blank for the latter is supplied by the State Board of Health, provides for a statement of the proper preparation of the body for transportation, signed by the Health Officer, and is required in addition to the Removal Permit. See Regulations of the State Board of Health. NO TRANSIT PERMIT CAN BE ISSUED BY ANY HEALTH OFFICER OR ACCEPTED BY THE AGENT OF ANY TRANSPORTATION COMPANY IN MICHIGAN UNLESS A REGISTRAR'S REMOVAL PERMIT FORMS A PART OF IT, OR HAS PREVIOUSLY BEEN ISSUED BY THE REGISTRAR OF DEATHS. The Registrar's Removal Permit must accompany the body to destination and should be detached and retained by the Sexton at the place of interment.

REGISTER OF DEATH.

No. 3

1908

Date of Death July 13

Full Name John Row

Home residence, if
other than place of death }

Time resident here

Sex Male

Color

White

{ Age 82 yrs. 3 mos. 1 days

Date of birth

Apl. 12. 1826.

Single, married,
widowed, divorced

Widowed

Birthplace

Occupation Farmer

Father's name Robert Row

Birthplace

Iceland

Mother's name Esther Cathrie

Birthplace

Iceland

Disease causing death Uraemia Chronic Nephritis

anterior clerosis

Medical attendant Drs Palmer & Guldie

Place of burial or removal Sylvan

Undertaker* J. A. Mapez.

#638

Certificate filed*

July 18th

1908

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

C W Marney

REGISTER OF DEATH.

No. 4

Date of Death

Aug 14 1908

Full Name Caroline Worley.

Home residence, if other than place of death _____ Time resident here _____

Sex Female Color White { Age 55 yrs. 9 mos. 25 days
Date of birth Oct 19, 1852.

Single, married, widowed, divorced { Married Birthplace Michigan.

Occupation Farmers Wife

Father's name John Barber Birthplace England

Mother's name Susana King Birthplace England

Disease causing death Mitral Insufficiency

Chronic Nephritis, Old age of limbs, feet & Legs

Medical attendant Drs Palmer and Gadsden

Place of burial or removal Vermont Cemetery

Undertaker* JJ Mapes #638

Certificate filed* Aug 17 1908

REGISTER OF DEATH.

No. 5

Date of death

Oct. 26th 1908

Full Name

Romeyn P. Chase

Home residence, if
other than place of death }

Time resident here

Sex Male Color White { Age 71 yrs. 9 mos. 25 days
Date of birth 1837 - Jan - 30

Single, married, widowed, divorced } Married Birthplace (U.S.A.) Mich

Occupation Farmer

Father's name Stephen J. Chase Birthplace Mich

Mother's name Cordelia Brown Birthplace N.Y.

Disease causing death

Cerebral Thrombosis, causing Hemiplegia

Medical attendant S. J. Chase

Place of burial or removal Vermont Cem. Chelsea

Undertaker* F. Staford & Son Chelsea Mich

Certificate filed* Nov 2nd 1908

REGISTER OF DEATH.

No. *[Signature]*

Date of Death

March 9, 1909

Full Name

*John Knoll.*Home residence, if
other than place of death*Sylvan*

Time resident here

Sex

Male Color White { Age 63 yrs. 9 mos. 14 days

Single, married,
widowed, divorced

{ Married

Birthplace

Date of birth

Germany

Occupation

*Farmer**Germany*

Father's name

Silicon Knoll

Birthplace

Germany

Mother's name

Margaret Henry

Birthplace

Germany

Disease causing death

*Chronic Bronchitis**Myocarditis*

Medical attendant

Audris Gilde MD

Place of burial or removal

Sylvan Cemetery

Undertaker*

St. Nolpes

Certificate filed*

March 11th

1909

REGISTER OF DEATH.

No. 2

Date of Death

Mar 22.

1909

Full Name

Mary Palmer.

Home residence, if
other than place of death }

Time resident here

Sex

Female Color White { Age 72 yrs. 3 mos. 20 days

Date of birth Dec. 1. 1836.

Single, married,
widowed, divorced

Married Birthplace Germany

Occupation

Housewife Birthplace Germany

Father's name

Jacob Frey Birthplace Germany

Mother's name

Anna Stach Birthplace Germany

Disease causing death

Cerebral Apoplexy.

Dead upon my arrival.

Medical attendant

Audros Hulde

Place of burial or removal

Chelsea, Mich.

Undertaker*

F. Staffau and Son

Certificate filed*

Mar 31 1909

REGISTER OF DEATH.

No. 3.

Date of Death

Mar 23

1909

Full Name

William Heinrich Schneider

Home residence, if
other than place of death }

Time resident here

Sex Male

Color

White

{ Age 87 yrs. 1 mos. + days

Date of birth Feb 22, 1822

Single, married,
widowed, divorced }

Widowed

Birthplace

Occupation

Minister and Farmer.

Father's name

Unknown

Birthplace

Unknown

Mother's name

Unknown

Birthplace

Unknown

Disease causing death

Obstruction of bowels

Incarcerated Hernia

Medical attendant

William Lyon (Cross Lake)

Place of burial or removal

Sylvan Cemetery

Undertaker*

S. J. Hapes.

Certificate filed*

Mar 31

1909

REGISTER OF DEATH.

No. 4

Date of Death

Mar 25

190

9

Full Name Mila Hatt.Home residence, if
other than place of death _____ Time resident here _____Sex Male Color White { Age 79 yrs. 11 mos. 13 days
Date of birth Apr. 12. 1829Single, married,
widowed, divorced Widowed Birthplace New York.Occupation FarmerFather's name James Hatt. Birthplace New York.Mother's name Polly Palen Birthplace New YorkDisease causing death Cystitis & Prostittitis.Medical attendant J. W. Schmer M.D.Place of burial or removal Sylvan GroveUndertaker* S. B. Miles.Certificate filed* Mar 31. 190 9

Lower
paid

[Form 93]

REGISTER OF DEATH.

No. 5

Date of Death

Appl. 1st

1909

Full Name

Home residence, if
other than place of death }

Time resident here

Sex

Male Color White

{ Age 48 yrs. 4 mos. 24 days

Date of birth 1860 - Nov. 6

Single, married,
widowed, divorced }

Married Birthplace

Michigan

Occupation

Farmer

Father's name

Michael O'connor

Birthplace

Wales

Mother's name

Mary O'Brien

Birthplace

Ireland

Disease causing death

Lobar Pneumonia

Medical attendant

E F Chasq

Place of burial or removal

Cath Lane, Chelsea

Undertaker*

F Staffan & Son

Certificate filed*

May 4th 1909

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

Marnay

REGISTER OF DEATH.

No. 6

Date of Death

Apr. 15

1909

Full Name

Home residence, if
other than place of death

Time resident here

Sex

Female

Color

White

{ Age

91

yrs.

5

mos.

18

days

Date of birth

1817 Oct. 27

Single, married,
widowed, divorced

{ Widowed

Birthplace

U.S.

Occupation

None

' Howell

U.S.

Father's name

— Howell

Birthplace

U.S.

Mother's name

— Bud

Birthplace

""

Disease causing death

Heart disease and old age

Heart disease and old age

Medical attendant

G.W. Palmer

G.W. Palmer

Mich

Place of burial or removal

Chelsea Mich

Chelsea Mich

Undertaker*

F. Staffau Son

F. Staffau Son

Certificate filed*

May 4th

1909

REGISTER OF DEATH.

No. 7

Date of Death

Apr. 24th

1909

Full Name

Edas. A. Kellogg

Home residence, if
other than place of death }

Time resident here

Sex

Male

Color White

{ Age 69 yrs. 6 mos. 20 days

Date of birth 1839-Oct. 11

Single, married,
widowed, divorced

Married

Birthplace U.S.

Occupation

Farmer

Father's name

Nathan Kellogg

Birthplace U.S.A.

Mother's name

Unknown

Birthplace —

Disease causing death

Mitral Insufficiency

Atherosclerosis Chronic Nephritis
or disease of feet and ankles

Medical attendant

Audrae Schild

Place of burial or removal

Sylvan Cemetery

Undertaker*

F. Staffart & Son

Certificate filed*

May 4 1909

*If filed by Subregistrar, enter name, license number and exact date of filing. Destroy permit in such case.

Marbury