

STATE OF MICHIGAN.

Department of State—Division of Vital Statistics.

REGISTER OF DEATHS.

PUBLIC ACT NO. 217 OF 1897 (AMENDED, 1901).

Village
(Township, Village, or City.)
Chelsea
County of *Washtenaw*
From *July*, 190*7*, to *July*, 190*7*

PRESERVE WITH CARE. BEGIN EACH YEAR with a new series of record numbers. This Register should be filled out at the time the Burial or Removal Permit is issued. It will serve as a basis for making the required returns to the County Clerk.

The Certificates of Death upon which this record is based must be mailed to the Secretary of State, Lansing, on the **fourth** day of the following month. Therefore it will be necessary to keep the Register written up to date in order that there may be no delay in transmitting returns. Registrars should not issue permits for deaths in other districts, for deaths in other States, or for disinterred bodies. Permits for the railroad transportation of all disinterred bodies must be obtained from the State Board of Health. They cannot be issued by Registrars.

Mail Returns Promptly on the **FOURTH** (4th) Day of Each Month, and Do Not Mail them Before the Fourth Day unless Absolutely Sure that no Deaths have Occurred.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of Washburn
 Township of Sullivan
 or
 Village of Chelsea
 or
 City of _____

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Maryette Snow

(No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH <u>Oct</u> (Month) <u>15</u> (Day) <u>1825</u> (Year)	
AGE <u>81</u> YEARS <u>3</u> MONTHS <u>28</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>18</u> years Parent of <u>3</u> children, of whom <u>3</u> are living	
BIRTHPLACE (State or country) <u>New York</u>	
NAME OF FATHER <u>Isaac Smith</u>	
BIRTHPLACE OF FATHER (State or country) <u>New York</u>	
MAIDEN NAME OF MOTHER <u>Francis Matthews</u>	
BIRTHPLACE OF MOTHER (State or country) <u>New York</u>	
OCCUPATION <u>Housewife</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>Mrs Ed Monroe</u>	
(Address) <u>Chelsea Mich</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>July</u> (Month) <u>13</u> (Day) 190 <u>7</u> (Year)
I HEREBY CERTIFY, That I attended deceased from <u>Jan</u> 190 <u>7</u> , to <u>July 13</u> 190 <u>7</u> , that I saw her alive on <u>July 12</u> 190 <u>7</u> , and that death occurred, on the date stated above, at <u>10</u> M.
The CAUSE OF DEATH was as follows: <u>Dropsy caused by heart failure</u>
<u>over a year</u> (DURATION) _____ DAYS
Contributory _____ (DURATION) _____ DAYS
(Signed) <u>A. M. McHolgan</u> M. D. <u>2/15</u> 190 <u>7</u> (Address) <u>Chelsea Mich</u>

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at _____ place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Vermont Cemetery</u>	DATE OF BURIAL <u>July 16</u> 190 <u>7</u>
UNDERTAKER <u>S. A. Mapes</u>	ADDRESS <u>Chelsea</u>

Filed July 16 1907

A TRUE COPY

W. H. Heselchurst

Registrar

from Oct. 06,
 14/22/07
 Clerk
 mailed report to County

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 bks., 100 pages.

PLACE OF DEATH
County of Washtenaw
Township of Sylvan
or
Village of Chelsea
or
City of _____

Registered No. 3

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

(No. _____ St.; _____ Ward)

FULL NAME Mrs Mary Hook

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Nov</u> (Day) <u>13</u> (Year) <u>1831</u>	AGE <u>75</u> YEARS <u>4</u> MONTHS <u>27</u> DAYS
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>20</u> years Parent of <u>2</u> children, of whom <u>2</u> are living	
BIRTHPLACE (State or country) <u>England</u>	
NAME OF FATHER <u>Samuel Reynolds</u>	
BIRTHPLACE OF FATHER (State or country) <u>England</u>	
MAIDEN NAME OF MOTHER <u>Charlotte Hammond</u>	
BIRTHPLACE OF MOTHER (State or country) <u>England</u>	
OCCUPATION <u>None</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>April</u> (Day) <u>9</u> (Year) <u>1907</u>

I HEREBY CERTIFY, That I attended deceased from April 2 1907, to April 9 1907, that I saw her alive on April 9 1907, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

Erysipelas right arm & left Leg

Contributory <u>Nephritis</u> (Duration) _____ DAYS
(Signed) <u>Andros Gould</u> M. D. <u>Apr 10</u> 1907 (Address) <u>Chelsea</u>

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at place of death? _____ Days
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Oak Grove Cemetery</u>	DATE OF BURIAL <u>April 13</u> 1907
UNDERTAKER <u>Geo P. Staffau</u>	ADDRESS <u>Chelsea Mich</u>

Filed May 25 1907 W. H. Keselschmidt Registrar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Eliza Bacon
(Address) Chelsea Mich

PLACE OF DEATH

County of WashtenawTownship of Sylvan

or

Village of Chelsea

or

City of _____

(No. _____, St.; _____ Ward)

FULL NAME

Sylvan Beth PeckRegistered No. 4

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH <u>January</u>	(Month) (Day) (Year) <u>14</u> <u>1833</u>
AGE <u>74</u>	<u>3</u> YEARS, <u>3</u> MONTHS, <u>3</u> DAYS
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN <u>36</u>	If married, age at (first) marriage <u>36</u> years Parent of <u>6</u> children, of whom <u>3</u> are living
BIRTHPLACE (State or country) <u>New York</u>	
NAME OF FATHER <u>Don't Know</u>	
BIRTHPLACE OF FATHER (State or country) <u>Don't Know</u>	
MAIDEN NAME OF MOTHER <u>Don't Know</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Don't Know</u>	
OCCUPATION <u>Retired Farmer</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Mrs L. S. Peck

(Address)

Chelsea Mich

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>April 17</u>	(Month) (Day) (Year) <u>17</u> <u>1907</u>
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I HEREBY CERTIFY, That I attended deceased from April 17 1907, to April 17 1907, that I saw him alive on April 17 1907, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH was as follows:

ureanic Poisoning

Contributory _____

(Signed)

E. F. Chase

M. D.

April 18 1907 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

St. Pleasant Cemetery

DATE OF BURIAL

April 19 1907

UNDERTAKER

Ed Mapes

ADDRESS

Chelsea Mich

Filed

April 18 1907

A TRUE COPY

W. B. Herschfeld

Registrar

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of Chelsea

or

City of Chelsea

(No. _____)

St.; _____

Ward) _____

Registered No. 5

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Bridget Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR WhiteDATE OF BIRTH (Month) Feb (Day) 2 (Year) 1835AGE 72 YEARS 3 MONTHS 1 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED SingleAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are livingBIRTHPLACE (State or country) IrelandNAME OF FATHER John ClarkBIRTHPLACE OF FATHER (State or country) IrelandMAIDEN NAME OF MOTHER Jane KellasBIRTHPLACE OF MOTHER (State or country) IrelandOCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ed. J. Steffan(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) May (Day) 3 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907, to May 3 1907, that I saw her alive on May 3 1907, and that death occurred, on the date stated above, at 230 M.

The CAUSE OF DEATH was as follows:

Progressive Asthenia resulting from injury

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) D. J. Bush M. D. May 7 1907 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Dexter Cath. Cemetery DATE OF BURIAL May 6 1907UNDERTAKER J. Steffan & Son ADDRESS Chelsea MichFiled May 6 1907 A TRUE COPY McHeweschmidt

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

MARGIN RESERVED FOR BINDING.

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PLACE OF DEATH

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of Chelsea

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Emily J. Pinciman

(No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
 DATE OF BIRTH (Month) July (Day) 14 (Year) 1854
 AGE 52 YEARS, 10 MONTHS, 5 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 26 years
 Parent of 3 children, of whom 2 are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Joseph Camp

BIRTHPLACE OF FATHER (State or country)

England

MAIDEN NAME OF MOTHER

Rebecca Roberts

BIRTHPLACE OF MOTHER (State or country)

England

OCCUPATION

Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. Pinciman(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) May(Day) 19(Year) 1907I HEREBY CERTIFY, That we attended deceased fromMay 8 1907, to May 18 1907,that I saw her alive on May 18 1907,and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) _____ DAYS

Contributory Pleurisy

(DURATION) _____ DAYS

(Signed) Palmer & Gulde

M. D.

May 21 1907 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____

How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Waterloo Cemetery

DATE OF BURIAL

May 22 1907

UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea MichFiled May 22 1907

A TRUE COPY

W. B. Henshaw

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvania

or

Village of Chelsea

or

City of Chelsea

(No. _____

St.; _____

Ward) _____

Registered No. 7

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Wm M. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR WhiteDATE OF BIRTH (Month) July (Day) 12 (Year) 1833AGE 73 YEARS 10 MONTHS 28 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED WidowedAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 23 years
Parent of 8 children, of whom 4 are livingBIRTHPLACE (State or country) New YorkNAME OF FATHER Wisner EllisBIRTHPLACE OF FATHER (State or country) PennsylvaniaMAIDEN NAME OF MOTHER Mary J. SweetBIRTHPLACE OF MOTHER (State or country) New YorkOCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm E. Vinson(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) June (Day) 1 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907, to June 10, 1907, that I saw her alive on June 9, 1907, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH was as follows:

Chronic Valvular disease of heart

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) E. G. Bush M. D.
June 10 1907 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Grove Cemetery DATE OF BURIAL June 12 1907UNDERTAKER J. A. Mapes ADDRESS Chelsea MichFiled June 11 1907 W. H. Kerschbaum Registrar

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 bks., 100 pages.

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

PLACE OF DEATH

County of WashtenawTownship of LybauVillage of Chelsea

City of _____

(No. _____ St.; _____ Ward)

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mary McNamara

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR WhiteDATE OF BIRTH (Month) Jan (Day) 14 (Year) 1894AGE Jan 72 YEARS, 14 MONTHS, 10 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED WidowedAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 26 years
Parent of 5 children, of whom 3 are livingBIRTHPLACE (State or country) IrelandNAME OF FATHER Lawrence MasonBIRTHPLACE OF FATHER (State or country) IrelandMAIDEN NAME OF MOTHER Winifred RyanBIRTHPLACE OF MOTHER (State or country) IrelandOCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo J. Staffan(Address) Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) June (Day) 10 (Year) 1907I HEREBY CERTIFY, That I attended deceased from May 13 1907, to June 10, 1907, that I saw her alive on June 9, 1907, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH was as follows:

Cancer of Stomach

(DURATION) _____ DAYS

Contributory Bright's Disease

(DURATION) _____ DAYS

(Signed) John J. Spade M. D.June 10 1907 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Catholic Cemetery DATE OF BURIAL June 12 1907UNDERTAKER Staffan & Son ADDRESS Chelsea MichFiled June 20 1907 A TRUE COPY W. H. Hoesel Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of Chelsea

City of _____

(No. _____ St.; _____ Ward)

Registered No. 9

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Baby Hulce

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)
Jan 13 1907

AGE _____ YEARS _____ MONTHS _____ DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Guy Hulce(Address) Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
June 13 1907

I HEREBY CERTIFY, That I attended deceased from _____ 190____, to _____, 190____, that I saw h _____ alive on _____, 190____, and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows:

Still Birth
Death due to prolapse and strangulation of cord.
(DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) C. F. Chase M. D.June 14 1907 (Address) Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 190____

UNDERTAKER S. A. Mapes ADDRESS Chelsea

Filed June 14 1907 W. H. Besenich Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of WashtenawTownship of Ann Arbor
orVillage of Chelsea
or

City of _____

(No. _____ St.; _____ Ward)

FULL NAME Sterling Earle Lowrey Registered No. 10

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Aug</u> (Day) <u>4</u> (Year) <u>1904</u>	
AGE <u>2</u> YEARS, <u>10</u> MONTHS, <u>17</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED _____	

AGE AT MARRIAGE, NUMBER OF CHILDREN	{ If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) MichiganNAME OF FATHER Earle LowreyBIRTHPLACE OF FATHER (State or country) MichiganMAIDEN NAME OF MOTHER Clara KellerBIRTHPLACE OF MOTHER (State or country) Michigan

OCCUPATION _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ma Lowrey(Address) Chelsea Mich

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>June</u>	(Day) <u>24</u>	(Year) <u>1907</u>
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I HEREBY CERTIFY, That I attended deceased from June 17, 1907, to June 24, 1907, that I saw him alive on June 24, 1907, and that death occurred, on the date stated above, at C.P.M. The CAUSE OF DEATH was as follows:

Scarlet Fever

(DURATION) _____ DAYS

Contributory _____

(Signed) J. S. Bush M.D.

June 25, 1907 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Oak Grove Cemetery</u>	DATE OF BURIAL <u>June 25, 1907</u>
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UNDERTAKER <u>SA Mapes</u>	ADDRESS <u>Chelsea Mich</u>
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Filed June 25, 1907 A TRUE COPY W. C. Kesselschmidt Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Dyhan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of ChelseaRegistered No. 11

City of _____

(No. _____

St.; _____

Ward) _____

FULL NAME

Mary A Durand

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)
Oct 12 1898AGE 88 YEARS, 9 MONTHS, 26 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 21 years
Parent of 3 children, of whom 1 are living

BIRTHPLACE (State or country)

New York

NAME OF FATHER

Prentis Field

BIRTHPLACE OF FATHER (State or country)

Dont Know

MAIDEN NAME OF MOTHER

Patty Wilson

BIRTHPLACE OF MOTHER (State or country)

Dont Know

OCCUPATION

Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Geo Mitchell

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Aug81907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907, to Aug 8 1907, that I saw her alive on Aug 8 1907, and that death occurred, on the date stated above, at noon M.

The CAUSE OF DEATH was as follows:

Apoplexy cerebral

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) H. W. Smith M. D.

190 (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove CemeteryAug 11 1907

UNDERTAKER

ADDRESS

S. A. MapesChelsea

Filed

A TRUE COPY

Aug 12 1907W. H. Kerschbaum

Registrar

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 hrs., 100 pages.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of Washtenaw

Township of Chelsea

Village of Chelsea

City of Chelsea

(No. St.; Ward)

FULL NAME Patrick James Lingane

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Aug (Day) 21 (Year) 1907

AGE Still Born

SINGLE, MARRIED, WIDOWED, OR D.VORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage years Parent of children, of whom are living

BIRTHPLACE (State or country) Chelsea Mich

NAME OF FATHER Patrick James Lingane

BIRTHPLACE OF FATHER (State or country) Mich

MAIDEN NAME OF MOTHER Lillian Skinner

BIRTHPLACE OF MOTHER (State or country) Michigan

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo E. Staffan

(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Aug (Day) 21 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907, to Aug 21 1907, that I saw him alive on Aug 17 1907, and that death occurred, on the date stated above, at 0 M.

The CAUSE OF DEATH was as follows:

Still Born

Contributory

(Signed) J. G. Bush M. D.

Aug 21 1907 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Catholic Cemetery DATE OF BURIAL Aug 31 1907

UNDERTAKER F. Staffan & Son ADDRESS Chelsea

Filed Aug 31 1907 A TRUE COPY W. H. Keselschmidt

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of _____
or _____
Village of Chelsea
or _____
City of _____ (No. _____ St.; _____ Ward)Registered No. 13

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Eva Maria Wackerhus

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) (Day) (Year)
Feb 1 17 1878AGE 79 6 9
YEARS MONTHS DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 28 years
Parent of 9 children, of whom 3 are livingBIRTHPLACE (State or country) GermanyNAME OF FATHER John GallBIRTHPLACE OF FATHER (State or country) GermanyMAIDEN NAME OF MOTHER Don't KnowBIRTHPLACE OF MOTHER (State or country) GermanyOCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) M Wackerhus

(Address) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Aug 26 1907I HEREBY CERTIFY, That I attended deceased from July 13 1907, to Aug 26 1907,
that I saw her alive on Aug 20 1907,
and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows:

Heart Disease

(DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) Geo W Palmer M. D.Aug 31 1907 (Address) Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at _____ place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Grove Cemetery DATE OF BURIAL Aug 28 1907UNDERTAKER L. Staffan & Son ADDRESS Chelsea MichFiled Aug 31 1907 A TRUE COPY W. H. K. Church

Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of Chelsea

or _____

City of _____

(No. _____ St.; _____ Ward)

Registered No. 14

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Sarah M. Benton

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Sept</u> (Day) <u>5</u> (Year) <u>1877</u>	AGE <u>30</u> YEARS, <u>7</u> MONTHS, <u>6</u> DAYS
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>27</u> years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Michigan</u>	
NAME OF FATHER <u>James Speer</u>	
BIRTHPLACE OF FATHER (State or country) <u>Michigan</u>	
MAIDEN NAME OF MOTHER <u>Ada Cunningham</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Michigan</u>	
OCCUPATION <u>Housewife</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>Geo. Speer</u>	
(Address) <u>Chelsea</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>Sept</u> (Day) <u>6</u> (Year) <u>1907</u>	
I HEREBY CERTIFY, That I attended deceased from <u>Sept 5</u> 190 <u>7</u> , to <u>Sept 6</u> 190 <u>7</u> , that I saw her alive on <u>Sept 6</u> 190 <u>7</u> , and that death occurred, on the date stated above, at <u>2 a.</u> M.	
The CAUSE OF DEATH was as follows: <u>Burned with gasoline while filling Gasoline Stn.</u> <u>One half of surface was burned</u> <u>lived only 17 hours</u> (DURATION) _____ DAYS	
Contributory _____ (DURATION) _____ DAYS	
(Signed) <u>John T. Woods</u> M. D. <u>9/7</u> 190 <u>7</u> (Address) <u>Chelsea Mich</u>	
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:	
Former or usual residence _____ How long at place of death? _____ Days	
Where was disease contracted, if not at place of death? _____	
PLACE OF BURIAL OR REMOVAL <u>Oak Grove Cemetery</u>	DATE OF BURIAL <u>Sept 8</u> 190 <u>7</u>
UNDERTAKER <u>S.A. Mapes</u>	ADDRESS <u>Chelsea Mich</u>
Filed <u>Sep 7</u> 190 <u>7</u>	A TRUE COPY <u>W. H. Henschel</u> Registrar

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____
or _____
Village of Chelsea
or _____
City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 15

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Clarissa Lavery

(No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) (Day) (Year)
Aug 5th 1824
AGE 83 YEARS 1 MONTHS 21 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage 21 years
Parent of 5 children, of whom 2 are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) M. A. Lavery(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Sep 26 1907I HEREBY CERTIFY, That I attended deceased from Sep 26 1907, to Sep 26 1907, that I saw her alive on Sept 26 1907, and that death occurred, on the date stated above, at 1 P. M.
The CAUSE OF DEATH was as follows:Heart Disease

Contributory _____

(Signed) Geo W Palmer M. D.
Sep 28 1907 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Grove Cemetery DATE OF BURIAL Sep 28 1907UNDERTAKER S. A. Maper ADDRESS Chelsea MichFiled Sep 28 1907 TRUE COPY W. C. Hirsch Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of *Washtenaw*

Department of State—Division of Vital Statistics

Township of _____
or _____

Village of *Chelsea*
or _____

City of _____

(No. _____ St.; _____ Ward)

Registered No. *16*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME *Austin Parker*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) *Sep* (Day) *8* (Year) *1890*

AGE *87* YEARS, _____ MONTHS, *22* DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage *27* years
Parent of *2* children, of whom *2* are living

BIRTHPLACE (State or country) *New York*

NAME OF FATHER *Russel Parker*

BIRTHPLACE OF FATHER (State or country) *New York*

MAIDEN NAME OF MOTHER *Don't Know*

BIRTHPLACE OF MOTHER (State or country) *Don't Know*

OCCUPATION *Retired Farmer*

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) *Mrs G W Beckwith*

(Address) *Chelsea Mich*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) *Sep* (Day) *30* (Year) *1907*

I HEREBY CERTIFY, That I attended deceased from *Sep 3rd* 1907, to *Sep 30*, 1907, that I saw him alive on *Sep 30*, 1907, and that death occurred, on the date stated above, at *6 9 M.*

The CAUSE OF DEATH was as follows:

Uraemia

Contributory _____

(Signed) *S. S. Bush* (DURATION) _____ DAYS

Sep 30 1907 (Address) *Chelsea Mich*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL *Syban Center Country* DATE OF BURIAL *Oct 2* 1907

UNDERTAKER *S. A. Mapes* ADDRESS *Chelsea Mich*

Filed *Oct 2nd* 1907 *M. H. Schuchardt* REGISTRAR

PLACE OF DEATH

STATE OF MICHIGAN

County of *Washtenaw*

Department of State—Division of Vital Statistics

Township of

or

Village of *Chelsea*

or

City of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. *17*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

(No. St.; Ward)

FULL NAME *Catherine J. McEldowney*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *White*

DATE OF BIRTH (Month) (Day) (Year)
Oct 18 1896

AGE *80* YEARS *11* MONTHS *16* DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage *19* years
Parent of *3* children, of whom *1* are living

BIRTHPLACE (State or country) *Maryland*NAME OF FATHER *Fred Kimes*BIRTHPLACE OF FATHER (State or country) *Don't Know*MAIDEN NAME OF MOTHER *Mary E. Wilson*BIRTHPLACE OF MOTHER (State or country) *Don't Know*OCCUPATION *Housewife*

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) *Mrs. M. E. Eldowney*(Address) *Chelsea Mich.*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Oct 4 1907

I HEREBY CERTIFY, That I attended deceased from *Sept 1907*, to *Oct 3 1907*,
that I saw her alive on *Oct 3 1907*,
and that death occurred, on the date stated above, at *4 P. M.*

The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) *J. H. Bush* M. D.*Oct 4 1907* (Address) *Chelsea*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL *Detroit* DATE OF BURIAL *Oct 7 1907*UNDERTAKER *SA Mapes* ADDRESS *Chelsea Mich.*Filed *Oct 7 1907* A TRUE COPY *W. H. Henshaw*

Registrar

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

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Form 9-11-06-2000 D.S., 100 pages.

Begin here and mail to County Clerk

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____
or _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of ChelseaRegistered No. 18

City of _____

(No. _____)

St.; _____

Ward) _____

FULL NAME

Herman L. Foster

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>Male</u>	COLOR	<u>White</u>
DATE OF BIRTH	(Month) <u>Jan</u>	(Day) <u>1st</u>	(Year) <u>1885</u>
AGE	<u>22</u> YEARS, <u>10</u> MONTHS, <u>7</u> DAYS		

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

AGE AT MARRIAGE, NUMBER OF CHILDREN

 If married, age at (first) marriage _____ years
 Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

John P. Foster

BIRTHPLACE OF FATHER (State or country)

Michigan

MAIDEN NAME OF MOTHER

Julia Hindelang

BIRTHPLACE OF MOTHER (State or country)

Mich

OCCUPATION

Traveling Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Ed Staffan

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Oct71907
 I HEREBY CERTIFY, That I attended deceased from Aug 14 1907, to Oct 7 1907, that I saw him alive on Oct 7 1907, and that death occurred, on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH was as follows:

Purpura Hemorrhagica

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

SB Bush

M. D.

Oct 1908 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at _____ place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Catholic Cemetery

DATE OF BURIAL

Oct 10 1907

UNDERTAKER

J. Staffan & Son

ADDRESS

Chelsea Mich

Filed

Oct 10 1907

A TRUE COPY

W. H. Kuschner

Registrar

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Form 93—11-05-500 bks., 100 pages.

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PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of Chelsea Mich

or _____

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 19

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Frederick William Rordel

(No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)
March 20 1864AGE 43 YEARS 6 MONTHS 26 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 25 years
Parent of 3 children, of whom 3 are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Fred Rordel

BIRTHPLACE OF FATHER (State or country)

Probably Germany
Don't Know

MAIDEN NAME OF MOTHER

Don't Know

BIRTHPLACE OF MOTHER (State or country)

Don't Know

OCCUPATION

Dry Goods Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs F W Rordel(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Oct 16 1907

I HEREBY CERTIFY That I attended deceased from Oct 2 1907 to Oct 16 1907, that I saw him alive on Oct 16 1907, and that death occurred, on the date stated above, at 40 M.

The CAUSE OF DEATH was as follows:

Heart Disease
with symptoms of Typhoid

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Lo M Palmer M. D.190 (Address) Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Cox Green Cemetery

DATE OF BURIAL

Oct 19 1907

UNDERTAKER

J A Mapes

ADDRESS

Chelsea Mich

Filed

Oct 18 1907

A TRUE COPY

W H Kirschbaum

Registrar

MARGIN RESERVED FOR BINDING.

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STATE OF MICHIGAN

PLACE OF DEATH

County of Washtenaw

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of _____
or
Village of Chelsea
or
City of _____Registered No. 20

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Anna Rosa Knapp

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>		
DATE OF BIRTH	(Month) <u>28 Nov</u>	(Day) <u>21</u>	(Year) <u>1878</u>
AGE	<u>28</u> YEARS, <u>11</u> MONTHS, <u>21</u> DAYS		
SINGLE, MARRIED, WIDOWED, OR DIVORCED	<u>Single</u>		
AGE AT MARRIAGE, NUMBER OF CHILDREN	{ If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living		
BIRTHPLACE (State or country)	<u>Michigan</u>		
NAME OF FATHER	<u>Martin W Knapp</u>		
BIRTHPLACE OF FATHER (State or country)	<u>Michigan</u>		
MAIDEN NAME OF MOTHER	<u>Lucy Glenn</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>Michigan</u>		
OCCUPATION	<u>Student</u>		

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Isaac Glenn(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Nov</u>	(Day) <u>12</u>	(Year) <u>1907</u>
---------------	-----------------------	--------------------	-----------------------

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907, to Nov 12 1907, that I saw him alive on Nov 12 1907, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Contributory _____ (DURATION) _____ DAYS

(Signed) E. F. Chase (DURATION) _____ DAYSNov 15 1907 (Address) Chelsea Mich M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Albion Mich DATE OF BURIAL Nov 15 1907UNDERTAKER S. A. Mapes ADDRESS Chelsea MichFiled Nov 15 1907 A TRUE COPY H. C. Kerschbaum

Registrar

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PLACE OF DEATH
County of Washtenaw
Township of _____
or
Village of Chelsea
or
City of _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Estella A Gurin

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Aug</u> (Day) <u>10</u> (Year) <u>1849</u>	
AGE <u>58</u> YEARS <u>4</u> MONTHS <u>25</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>35</u> years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Michigan</u>	
NAME OF FATHER <u>Thos Royce</u>	
BIRTHPLACE OF FATHER (State or country) <u>N.Y.</u>	
MAIDEN NAME OF MOTHER <u>Martha Beaks</u>	
BIRTHPLACE OF MOTHER (State or country) <u>N.Y.</u>	
OCCUPATION <u>Housekeeper</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo C. Staffau

(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Jan</u>	(Day) <u>5</u>	(Year) <u>1908</u>
---------------	--------------------	----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908, to Jan 1908, that I saw h er alive on Jan 5 1908, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:

Asthma Resulting from
Arthritis Aeparmans

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Sgt Burch M. D.

Jan 6 1908. (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Oak Grove Cemetery

DATE OF BURIAL

190

UNDERTAKER

F. Staffau & Son

ADDRESS

Chelsea Mich

Filed

Jan 14 1908

A TRUE COPY

W. H. Hershchmidt

Registrar

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MARGIN RESERVED FOR BINDING:

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

PLACE OF DEATH

STATE OF MICHIGAN

County of Nashua

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or *Chelone*

Village of Chelsea

or

City of

(No. St.; Ward)

Registered No.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Det. J. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH	(Month)	(Day)	(Year)
	Mar	6	1839

AGE 68 YEARS, 10 MONTHS, 16 DAYS

SINGLE, MARRIED,
WIDOWED, OR D.VORCED *Married*

AGE AT MARRIAGE,
NUMBER OF CHILD-
REN { If married, age at (first) marriage 20 years
Parent of 6 children, of whom 4 are living

BIRTHPLACE
(State or country)

NAME OF FATHER *Jas M. Drivin*

BIRTHPLACE
OF FATHER
(State or country)

MAIDEN NAME
OF MOTHER *Roseanna Paine*

BIRTHPLACE
OF MOTHER
(State or country) *Canada*

OCCUPATION *Blacksmith*

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rev. J. Daffan,

(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	Jan	22	1908

I HEREBY CERTIFY, That I attended deceased from January 9, 1908, to January 21, 1908,
that I saw him alive on January 21, 1908,
and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH was as follows:
Meningo Encephalitis

..... (DURATION) DAYS

Contributory

(Signed) Andros Gulde (DURATION) _____ DAYS _____ M. D. _____

Jan 22 1908 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted,
if not at place of death?.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<i>Rocky Mountain Cemetery</i> 190

UNDERTAKER	ADDRESS

Filed A TRUE COPY

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____
or _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of Chelsea
or _____

City of _____

(No. _____, St.; _____ Ward)

Registered No. 3

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME John A. Palmer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) May (Day) 12 (Year) 1840

AGE 67 YEARS 8 MONTHS 10 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 25 years
Parent of 1 children, of whom 1 are living

BIRTHPLACE (State or country) N. Y.

NAME OF FATHER Austin Palmer

BIRTHPLACE OF FATHER (State or country) N. Y.

MAIDEN NAME OF MOTHER Jane Russell

BIRTHPLACE OF MOTHER (State or country) N. Y.

OCCUPATION Insurance Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. F. Stafford(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Jan (Day) 22 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Jan 22 1908, to Jan 22, 1908, that I saw him alive on Jan 22, 1908, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH was as follows:

Cinginal Pectoris

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Andros Gulde M. D.Jan 22 1908 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Oak Iron Cemetery

DATE OF BURIAL

Jan 25th 1908

UNDERTAKER

F. Hoffau & Son

ADDRESS

Chelsea Mich

Filed

Jan 25 1908

A TRUE COPY

W. A. Hesels church

Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of Washtenaw

Department of State—Division of Vital Statistics

STATE OF MICHIGAN

Township of _____
or
Village of Chelsea
or
City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 11

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ann E. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH <u>Nov</u> (Month) <u>2</u> (Day) <u>1831</u> (Year)	
AGE <u>76</u> YEARS <u>2</u> MONTHS <u>13</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>17</u> years Parent of <u>7</u> children, of whom <u>5</u> are living	
BIRTHPLACE (State or country) <u>New York</u>	
NAME OF FATHER <u>James Allyn</u>	
BIRTHPLACE OF FATHER (State or country) <u>New York</u>	
MAIDEN NAME OF MOTHER <u>Elizah Proser</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Don't Know</u>	
OCCUPATION <u>Housewife</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James Smith
(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>15</u>	(Year) <u>1908</u>
---------------	-----------------------	--------------------	-----------------------

I HEREBY CERTIFY, That I attended deceased from Feb 5 1908, to Feb 14 1908, that I saw her alive on Feb 14 1908, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Paralysis
Hemiplegia

(DURATION) _____ DAYS

Contributory _____

(Signed) Geo H Palmer M.D.190 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Grove Cemetery DATE OF BURIAL Feb 18 1908UNDERTAKER Sa Mapes ADDRESS Chelsea MichFiled Feb 19 1908 W C Neuschwandt Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of Chelsea

or _____

City of _____

(No. _____ St.; _____ Ward)

FULL NAME

Alfred D. ParsonsRegistered No. 5

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Sept. 12 1830

AGE 77 YEARS 5 MONTHS 5 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 27 years

Parent of 7 children, of whom 7 are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Chester Parsons

BIRTHPLACE OF FATHER (State or country)

New York

MAIDEN NAME OF MOTHER

Deborah Moabin

BIRTHPLACE OF MOTHER (State or country)

Don't Know

OCCUPATION

Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

A. E. Parsons

(Address)

Ypsilanti Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Feby171908

I HEREBY CERTIFY, That I attended deceased from

Feby 12 1908, to Feby 17, 1908,that I saw him alive on Feby 17, 1908,and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH was as follows:

Apoplexia

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

Geo. W. Palmer

M. D.

190

(Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____

How long at

place of death?

Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Ypsilanti Mich

UNDERTAKER

SA Maper

DATE OF BURIAL

Feby 20

1908

ADDRESS

Filed

Feby 19 1908

A TRUE COPY

W. H. Schuchardt

Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of

Township of

or

Village of

or

City of

(No.

St.;

Ward)

FULL NAME

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage.....years
Parent of.....children, of whom.....are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
Mar 1, 1908, to Mar 5, 1908,
that I saw him alive on Mar 5, 1908,
and that death occurred, on the date stated above, at 4 9 M.
The CAUSE OF DEATH was as follows:

Contributory Acute Nephritis, (DURATION).....DAYS

(Signed) S. G. Bush, M. D. (Address) Chelsea, (DURATION).....DAYS

Mar 15 1908 (Address) Chelsea, (DURATION).....DAYS

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence..... How long at place of death?.....Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

TRUE COPY

Registrar

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of Chelsea

or _____

City of _____

(No. _____ St.; _____ Ward)

Registered No. 7

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Frances B. Schults

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR WhiteDATE OF BIRTH (Month) July (Day) 15 (Year) 1815AGE 92 YEARS 9 MONTHS 3 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED WidowedAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 30 years Parent of 3 children, of whom 2 are livingBIRTHPLACE (State or country) Rhode IslandNAME OF FATHER Paul MumfordBIRTHPLACE OF FATHER (State or country) Rhode IslandMAIDEN NAME OF MOTHER Anna BrowningBIRTHPLACE OF MOTHER (State or country) Rhode IslandOCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Ed Survis(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) April (Day) 18 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from April 17 1908, to April 18 1908, that I saw her alive on April 18th 1908, and that death occurred, on the date stated above, at 11 P M.

The CAUSE OF DEATH was as follows:

General Senility

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) E. J. Chase M. D.Apr 20 1908 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Leiter ExpDATE OF BURIAL April 22 1908UNDERTAKER Ed MapesADDRESS ChelseaFiled April 22nd 1908

A TRUE COPY

Registrar E. W. Maroney

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MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH
County of Washtenaw
Township of _____
or _____
Village of Chelsea
or _____
City of _____ (No. _____ St.; _____ Ward)

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Fred Vincent Chase

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>April</u> (Day) <u>21</u> (Year) <u>1908</u>	AGE <u>Stillborn</u> YEARS _____ MONTHS _____ DAYS _____

SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Chelsea Mich

NAME OF FATHER Fred V. Chase

BIRTHPLACE OF FATHER (State or country) N. Y.

MAIDEN NAME OF MOTHER Anna Corry

BIRTHPLACE OF MOTHER (State or country) Michigan

OCCUPATION _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. P. Stapp

(Address) Chelsea, Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>April</u>	(Day) <u>22</u>	(Year) <u>1908</u>
---------------	----------------------	-----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from April 21 1908, to April 22 1908, that I saw him alive on April 22 1908, and that death occurred, on the date stated above, at 100 M.

The CAUSE OF DEATH was as follows:

Deficient Heart Action.

(DURATION) _____ DAYS

Contributory Premature Birth

(DURATION) _____ DAYS

(Signed) E. F. Chase M. D.

Apr 28 1908 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Mt. Olivet

DATE OF BURIAL Apr 23 1908

UNDERTAKER W. H. Haffan & Son

ADDRESS Chelsea Mich

Filed Apr 30 1908 A TRUE COPY E. M. Marney

Registrar

PLACE OF DEATH

County of Washtenaw

Township of _____

or _____

Village of Chelsea

or _____

City of _____

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

(No. _____ St.; _____ Ward)

FULL NAME Anna Bark

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year) _____

AGE 74 YEARS _____ MONTHS _____ DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED WidowAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 33 years Parent of 5 children, of whom 4 are livingBIRTHPLACE (State or country) MichiganNAME OF FATHER Earnest HinesBIRTHPLACE OF FATHER (State or country) GermanyMAIDEN NAME OF MOTHER Catharine (Unknown)BIRTHPLACE OF MOTHER (State or country) GermanyOCCUPATION Not Any

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ch. P. Staffan(Address) Chelsea, M.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ (Month) Apr. _____ (Day) 10 _____ (Year) 1908

I HEREBY CERTIFY That I attended deceased from Apr. 7 1908, to Apr. 10 1908, that I saw her alive on April 10 1908, and that death occurred, on the date stated above, at 6 H M.

The CAUSE OF DEATH was as follows:

Valvular disease of heart

_____ (DURATION) _____ DAYS

Contributory Dropsy

_____ (DURATION) _____ DAYS

(Signed) St. Bush M. D.Apr. 10 1908 (Address) Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Grove Cem. DATE OF BURIAL Apr. 14 1908UNDERTAKER Staffan Son ADDRESS Chelsea M.Filed May 2nd 1908 A TRUE COPY Ch. P. Staffan

Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

John R. Gates

(No.

St.;

Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

1

AGE

88

YEARS

1

MONTHS

7

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage..... years
Parent of children, of whom are living

BIRTHPLACE (State or country)

New York

NAME OF FATHER

Russell Gates

BIRTHPLACE OF FATHER (State or country)

NY

MAIDEN NAME OF MOTHER

Hanny L. Taylor

BIRTHPLACE OF MOTHER (State or country)

NY

OCCUPATION

Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Leo P. Staffan

(Address)

Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

May

(Day)

7

(Year)

1908

I HEREBY CERTIFY That I attended deceased from May 1st 1908, to May 7, 1908, that I saw him alive on May 7, 1908, and that death occurred, on the date stated above, at 4 M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION)..... DAYS

Contributory

maening

(DURATION)..... DAYS

(Signed)

St. Bush

M. D.

May 9, 1908 (Address)

Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at

place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

Oak Grove Cem.

DATE OF BURIAL

May 11

1908

UNDERTAKER

F. Staffan, Chelsea, Mich.

Filed

June 5, 1908

A TRUE COPY

C. W. Maroney

Registrar

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 11

(If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.)

FULL NAME Helen C. Eder

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Oct 13 1883

AGE 24 YEARS 7 MONTHS 12 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Geo Eder

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Elizabeth Hummel

BIRTHPLACE OF MOTHER (State or country)

Ill. U.S.A.

OCCUPATION

Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Geo P. Shaffner(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
May 25 1908

I HEREBY CERTIFY That I attended deceased from May 19 1908, to May 25 1908, that I saw her alive on May 25 1908, and that death occurred, on the date stated above, at 7 M. The CAUSE OF DEATH was as follows:

Organic Disease of heart

Contributory _____

(Signed) Geo W. Palmer

(DURATION) _____ DAYS

M.D.

May 27 1908 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Mt Olivet Cem

DATE OF BURIAL

May 29 1908

UNDERTAKER

F. Staffant Son

ADDRESS

Chelsea Mich

Filed

June 3 1908

A TRUE COPY

C. W. Manner

Registrar

MARGIN RESERVED FOR BINDING.

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PLACE OF DEATH

County of

Township of

or

Village of

or

City of

(No.

St.;

Ward)

FULL NAME

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage years
Parent of children, of whom are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I saw h alive on 190

and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Suicide caused by
Carbolic acid
Self administered

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed)

June 8 1908 (Address)

M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Registrar

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of Washtenaw
 Township of Ann Arbor
 or
 Village of Chrysler
 or
 City of _____

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 23

FULL NAME

Elly Sislane

St.; _____ Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
 DATE OF BIRTH (Month) (Day) (Year)
Jan. 16 1860
 AGE 48 5 17
 YEARS MONTHS DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage 18 years
 Parent of 12 children, of whom 1 are living

BIRTHPLACE (State or country)

New Hampshire

NAME OF FATHER

Chas. Chandler

BIRTHPLACE OF FATHER (State or country)

N. H.

MAIDEN NAME OF MOTHER

Mary Ellwell

BIRTHPLACE OF MOTHER (State or country)

N. H.

OCCUPATION

Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Geo. P. Hoffman

(Address)

Chrysler Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

July11908

I HEREBY CERTIFY, That I attended deceased from July 1 1908, to July 1 1908, that I saw her alive on July 1 1908, and that death occurred, on the date stated above, at 39 M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

J. G. Bush

M. D.

July 31908

(Address)

Chrysler

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____

How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Oak Grove Cemetery

DATE OF BURIAL

July 31908

UNDERTAKER

Haffaud Son

ADDRESS

Chrysler Mich

Filed

July 31908

A TRUE COPY

C. W. Manner

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PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

(No.

St.;

Ward)

Registered No. 144

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage. — years

Parent of — children, of whom — are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

July 11 1908, to July 20 1908,

that I saw her alive on July 20 1908,

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH was as follows:

Pernicious Anemia

Contributory

(Signed)

July 23 1908 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence..... How long at place of death?..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Registrar

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

Chelsea

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

15

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

John Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) (Day) (Year)
June 22 1818

AGE *90* YEARS *1* MONTHS *2* DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage _____ years

{ Parent of *11* children, of whom *5* are living

BIRTHPLACE (State or country)

Mo.

NAME OF FATHER

Don't Know

BIRTHPLACE OF FATHER (State or country)

Don't Know

MAIDEN NAME OF MOTHER

Harriet Groesbeck

BIRTHPLACE OF MOTHER (State or country)

Don't Know

OCCUPATION

Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Andrew Turner

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*July**24*190*8*

I HEREBY CERTIFY, That I attended deceased from *Nov 1st* 190*7*, to *July 24* 190*8*, that I saw him alive on *July 23* 190*8*, and that death occurred, on the date stated above, at *11:30* M.

The CAUSE OF DEATH was as follows:

Senile Debility

Contributory

Partial Paralysis

(Signed)

E. H. Chase

M. D.

July 25 190*8* (Address) *Chelsea*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at

place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Westbrook Cemetery**July 27*190*8*

UNDERTAKER

ADDRESS

*S. J. Mapes**Chelsea*

Filed

July 28 190*8*

A TRUE COPY

E. M. Maroney

Registrar

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

(No.

St.;

Ward)

Registered No. 16

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage.....years
Parent of.....children, of whom.....are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from Aug 19 1908, to Aug 21 1908, that I saw h alive on Aug 21 1908, and that death occurred, on the date stated above, at 59 M.

The CAUSE OF DEATH was as follows:

Cholera Infantum.

(DURATION).....DAYS

Contributory

(DURATION).....DAYS

(Signed)

M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Registrar

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PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of Sylvan

or

Village of Chelsea

or

City of _____

(No. _____ St.; _____ Ward)

FULL NAME Harry ValentineRegistered No. 17

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) _____ (Day) _____ (Year) 1892

AGE 16 YEARS _____ MONTHS _____ DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Columbus Ohio

NAME OF FATHER Valentine

BIRTHPLACE OF FATHER (State or country) _____

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (State or country) _____

OCCUPATION Stable man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. P. Haffan

(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Aug. (Day) 4 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from _____ 190____, to _____ 190____, that I saw h_____ alive on _____ 190____, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH was as follows:

Killed by Cars. M.C.R.R. about 14 miles west of Chelsea (DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) James P. Wood Cor M. D. 190 (Address) Chelsea Mich

SPECIAL INFORMATION, only for Hospitals, Institutions, Transients or Recent Residents: Former or usual residence Columbus O. How long at place of death? _____ Days Where was disease contracted, if not at place of death? M.C.R.R.

PLACE OF BURIAL OR REMOVAL Columbus Ohio DATE OF BURIAL Aug 4 1908

UNDERTAKER H. Haffan & Son ADDRESS _____

Filed Aug 31 1908 A TRUE COPY C. H. Minner

Registrar

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MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH
 County of Washtenaw Department of State—Division of Vital Statistics

Township of Sylvania
 or
 Village of Chelsea
 or
 City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 18

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Milo Hunter

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Aug</u> (Day) <u>21</u> (Year) <u>1828</u>	
AGE <u>79</u> YEARS, <u>11</u> MONTHS, <u>22</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN <u>50</u> { If married, age at (first) marriage _____ years Parent of <u>6</u> children, of whom <u>4</u> are living	
BIRTHPLACE (State or country) <u>Conn.</u>	
NAME OF FATHER <u>Nathaniel Hunter</u>	
BIRTHPLACE OF FATHER (State or country) <u>Conn.</u>	
MAIDEN NAME OF MOTHER <u>Rhoda Peck</u>	
BIRTHPLACE OF MOTHER (State or country) <u>N.Y.</u>	
OCCUPATION <u>none</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>Geo. P. Haffan</u>	
(Address) <u>Chelsea Mich</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>Aug</u> (Day) <u>9</u> (Year) <u>1908</u>
I HEREBY CERTIFY, That I attended deceased from <u>Dec 12</u> 190 <u>4</u> , to <u>Aug 9</u> 190 <u>8</u> , that I saw him alive on <u>Aug 9</u> 190 <u>8</u> , and that death occurred, on the date stated above, at <u>2 P</u> M.
The CAUSE OF DEATH was as follows: <u>Arterial Sclerosis</u> <u>about 4 years</u>
(DURATION) _____ DAYS
Contributory <u>Epileptiform</u>
(DURATION) _____ DAYS
(Signed) <u>H. W. Schmidt</u> M. D.
<u>Aug 10</u> 190 <u>8</u> (Address) <u>Chelsea Mich</u>
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at _____ place of death? _____ Days
Where was disease contracted, if not at place of death? _____
PLACE OF BURIAL OR REMOVAL <u>Oak Grove Cem</u> DATE OF BURIAL <u>Aug 12</u> 190 <u>8</u>
UNDERTAKER <u>F. Haffan</u> ADDRESS <u>Low Chelsea</u>
Filed <u>Aug 31</u> 190 <u>8</u> A TRUE COPY <u>C. W. Marney</u>
Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Wayne

Department of State—Division of Vital Statistics

Township of Wayne

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of Chelsea

or

City of Unknown

(No. _____)

St.; _____

Ward) _____

Registered No. 19

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX MaleCOLOR White

DATE OF BIRTH _____

(Month) _____

(Day) _____

(Year) _____

AGE Apparently 40 Yrs

YEARS _____

MONTHS _____

DAYS _____

SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) _____

NAME OF FATHER _____

BIRTHPLACE OF FATHER (State or country) _____

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (State or country) _____

OCCUPATION _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. P. Staffan(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____

(Month) Aug(Day) 16(Year) 1908

I HEREBY CERTIFY, That I attended deceased from _____

190 _____, to _____, 190 _____,

that I saw h _____ alive on _____, 190 _____,

and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows:

Killed by jumping off freight train at Gutherie East Crossing
(DURATION) _____ DAYS

Contributory _____

(Signed) James P. Wood

(DURATION) _____

M. D.

190 _____ (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____

How long at _____

place of death? _____

Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Chelsea MichDATE OF BURIAL Aug 24

190 _____

UNDERTAKER F. Staffan & SonADDRESS Chelsea MichFiled Aug 31

190 _____

A TRUE COPY

Registrar C. H. Maroney

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvania

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of ChelseaRegistered No. 20

City of _____

(No. _____ St.; _____ Ward)

FULL NAME Hannah M. Carter

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH <u>June</u> (Month) <u>1</u> (Day) <u>1891</u> (Year)	
AGE <u>84</u> YEARS, <u>2</u> MONTHS, _____ DAYS	
SINGLE, MARRIED, WIDOWED, OR D.VORCED <u>Widow</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>19</u> years Parent of <u>2</u> children, of whom <u>2</u> are living	
BIRTHPLACE (State or country) <u>N.Y.</u>	
NAME OF FATHER <u>David Carl.</u>	
BIRTHPLACE OF FATHER (State or country) <u>N.Y.</u>	
MAIDEN NAME OF MOTHER <u>Unknown</u>	
BIRTHPLACE OF MOTHER (State or country) <u>N.Y.</u>	
OCCUPATION <u>None</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Leo S. Staffan(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>Sept.</u> (Month) <u>1</u> (Day) <u>1908</u> (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29th 1908, to Sept. 1, 1908, that I saw h new alive on Sept. 1, 1908, and that death occurred, on the date stated above, at 109 M. The CAUSE OF DEATH was as follows:

Peritonitis

Contributory _____

(Signed) J. M. Palmer

M. D.

Sept. 1 1908 (Address) Chelsea M.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at _____ place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Oak Grove Cem.

DATE OF BURIAL

Sept. 31908

UNDERTAKER

F. Staffan & Son

ADDRESS

Chelsea M.

Filed

Sept 301908

A TRUE COPY

L. M. Maroney

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 21

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

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

MARGIN RESERVED FOR BINDING.

County of Washtenaw
 Township of Sylvan
 or
 Village of Chulsey
 or
 City of _____

(No. _____ St.; _____ Ward)

FULL NAME

Rachel Weisath

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR White
 DATE OF BIRTH (Month) June (Day) 19 (Year) 1823
 AGE 85 YEARS 2 MONTHS 12 DAYS

DATE OF DEATH (Month) Sept (Day) 1 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31 1908, to Aug 31 1908, that I saw her alive on Aug 31 1908, and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Paralysis.

Contributory _____

(Signed) John Woods M. D.
90 1908 (Address) Chulsey Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Woodmere Detroit DATE OF BURIAL Sept 3 1908

UNDERTAKER T. Staffan & Son ADDRESS Chulsey Mich

Filed Sept 3 1908 A TRUE COPY E. H. Maroney

Registrar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Samuel Hull
 (Address) Chulsey Mich

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 19 years
 Parent of 5 children, of whom 2 are living

BIRTHPLACE (State or country) Pennsylvania

NAME OF FATHER Jacob Hoyer

BIRTHPLACE OF FATHER (State or country) Penn.

MAIDEN NAME OF MOTHER Catharine Keller

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION None

PLACE OF DEATH

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

County of Wayne
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____ (No. _____ St.; _____ Ward)

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 22

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Thos P Keelan

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>Male</u>			COLOR	<u>White</u>		
DATE OF BIRTH	(Month)	(Day)	(Year)				
	<u>May</u>	<u>9</u>	<u>1864</u>				
AGE							
	<u>44</u>	<u>3</u>	<u>26</u>	<u>YEARS MONTHS DAYS</u>			
SINGLE, MARRIED, WIDOWED, OR DIVORCED							
<u>Single</u>							
AGE AT MARRIAGE, NUMBER OF CHILDREN		{ If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living					
BIRTHPLACE (State or country)		<u>Michigan</u>					
NAME OF FATHER		<u>Barnard Keelan</u>					
BIRTHPLACE OF FATHER (State or country)		<u>Ireland</u>					
MAIDEN NAME OF MOTHER		<u>May Surnin</u>					
BIRTHPLACE OF MOTHER (State or country)		<u>Ireland</u>					
OCCUPATION		<u>Labourer</u>					

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Pax Smith(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	<u>Sept.</u>	<u>5</u>	<u>1908</u>

I HEREBY CERTIFY, That I attended deceased from July 22 1908, to Sept 5 1908, that I saw him alive on Sept. 4 1908, and that death occurred, on the date stated above, at 420 P M.

The CAUSE OF DEATH was as follows:

Acute Diabetes Mellitus
About 8 weeks (DURATION) _____ DAYS

Contributory _____

(Signed) Andrew Gudel M. D.
Sept 7 1908 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St. Olaf's Church DATE OF BURIAL Sept 8 1908

UNDERTAKER Stafford & Son ADDRESS Chelsea Mich

Filed Sept 30 1908 A TRUE COPY C. W. Marmey

Registrar

Form 93-11-05-500 bks., 100 pages.
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PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

(No.

St.;

Ward)

Registered No. 23

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage — years

Parent of — children, of whom — are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY That I attended deceased from Sept. 6 1908, to Sept. 6 1908,

that I saw him alive on Sept. 6 1908, and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH was as follows:

Premature Birth
Deficient Vitality

Contributory

(Signed)

Sept. 1908

(Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death?

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of

Township of

Village of

City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 214

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

John F. Kilmer.

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

June

(Day)

6

(Year)

1828

AGE

80

YEARS

4

MONTHS

15

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 33 years

Parent of 9 children, of whom 7 are living

BIRTHPLACE (State or country)

Germany

NAME OF FATHER

John F. Kilmer

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Don't Know

BIRTHPLACE OF MOTHER (State or country)

Don't Know

OCCUPATION

Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

John Kilmer Jr.

(Address)

Chelsey

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

Oct

(Day)

21

(Year)

1908

I HEREBY CERTIFY That I attended deceased from Oct 11 1908, to Oct. 21 1908,

that I saw him alive on Oct. 21 1908,

and that death occurred, on the date stated above, at 9 P M.

The CAUSE OF DEATH was as follows:

Cystitis

Contributory

(Signed) Geo. W. Palmer M. D.

190

(Address)

Chelsey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Oct. 25 1908

UNDERTAKER

S. A. Mapev.

ADDRESS

Chelsey

Filed

Oct. 26 1908

A TRUE COPY

C. M. Maroney

Registrar

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PLACE OF DEATH
County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of _____
or
Village of Chelsea
or
City of _____

Registered No. 25

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

(No. _____ St.; _____ Ward)

FULL NAME Catharine Winters

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) (Day) (Year)
Feb 17 1831
AGE 77 8 MONTHS 14 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage 27 years
Parent of 12 children, of whom 11 are living

BIRTHPLACE (State or country)

U.S.

NAME OF FATHER

Hugh Cassidy

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Susan Logan

BIRTHPLACE OF MOTHER (State or country)

NY

OCCUPATION

None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo P Stafford

(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Nov 1 1908

I HEREBY CERTIFY, That I attended deceased from Oct 7 1908, to Nov. 1, 1908, that I saw her alive on Nov. 1, 1908, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH was as follows:

Gastritis

Contributory

(Signed) St. Bush M. D.
Nov. 7 1908 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Cath. Cem. Chelsea Mich

DATE OF BURIAL

Nov. 14th 1908

UNDERTAKER

Stafford Son

ADDRESS

Chelsea Mich

Filed

Sep 2nd 1908

A TRUE COPY

E. W. Manning

Registrar

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PLACE OF DEATH

County of

Township of

or

Village of

or

City of

(No.

St.;

Ward)

Registered No.

FULL NAME

STATE OF MICHIGAN
Department of State—Division of Vital Statistics
TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

(If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 22 years
Parent of 4 children, of whom 3 are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908, to Nov. 27 1908, that I saw her alive on Nov. 20 1908, and that death occurred, on the date stated above, at 10³⁰ P.M.

The CAUSE OF DEATH was as follows:

Striking of Valvular Heart

Contributory

(Signed)

Nov. 28

1908

(Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or

usual residence

How long at

place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of Chelsea

or

Village of Chelsea

or

City of Chelsea(No. St.; Ward)Registered No. 27

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Christina Tell

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR		
DATE OF BIRTH	(Month) <u>Sep</u>	(Day) <u>24</u>	(Year) <u>1827</u>
AGE	<u>80</u> YEARS, <u>11</u> MONTHS, <u>12</u> DAYS		

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage 20 years
Parent of 3 children, of whom 1 are living

BIRTHPLACE (State or country)

Germany

NAME OF FATHER

Gottlieb Gouber

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

Unknown

OCCUPATION

Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm Rheinfrank(Address) Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Sep</u>	(Day) <u>9</u>	(Year) <u>1908</u>
---------------	-----------------------	-------------------	-----------------------

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1908, to Nov. 22 1908, that I saw her alive on Nov. 22 1908, and that death occurred, on the date stated above, at 3 P. M.
The CAUSE OF DEATH was as follows:

Valvular Disease of the Heart

Contributory

(Signed) Andros Guldap M. D.Sep 10 1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence..... How long at place of death?..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Sep 12 1908Chelsea M.

Registrar

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MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

Sylvan

or

Village of

Chelsea

or

City of

(No.

St.;

Ward)

Registered No. 1

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

Daniel P. Maroney

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

May

25

1831

AGE

77

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 26 years

Parent of 5 children, of whom 4 are living

BIRTHPLACE (State or country)

Ireland

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

Carpenter (Retired)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

D. P. Maroney

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Jan'y

4

1909

I HEREBY CERTIFY, That I attended deceased from Jan'y 1, 1909, to Jan'y 4, 1909, that I saw him alive on Jan'y 4, 1909, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

Arterio Sclerosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed)

Geo. W. Palmer

M. D.

Jan'y 8, 1909 (Address)

Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove

Jan'y 7

1909

UNDERTAKER

ADDRESS

J. Haffan & Son

Chelsea Mich

Filed

A TRUE COPY

Feb'y 1, 1909

D. P. Maroney

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of

or

City of

(No.

St;

Ward)

Registered No. 2

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage

Parent of children, of whom are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

190 to 1909, that I saw her alive on 1909, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage causing paralysis

(DURATION) 1/2 DAYS

Contributory

(DURATION) DAYS

(Signed)

M. D.

1909

Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at

place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

1909

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Registrar

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of

or

City of

(No.

St.;

Ward)

Registered No.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

YEARS

MONTHS

DAYS

SINGLE, MARRIED,
WIDOWED, OR DIVORCEDAGE AT MARRIAGE,
NUMBER OF CHILD-
REN

If married, age at (first) marriage.....years

Parent ofchildren, of whomare living

BIRTHPLACE
(State or country)NAME OF
FATHERBIRTHPLACE
OF FATHER
(State or country)MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER
(State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF
DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
January 6, 1909, to January 30, 1909,
that I saw him alive on January 30, 1909,
and that death occurred, on the date stated above, at 39 M.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

Contributory

(Signed)

Feb 1 1909 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or

How long at

usual residence

place of death?

Days

Where was disease contracted,

if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

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Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of
or

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of

Registered No. 4

City of

(No. _____

St.; _____

Ward) _____

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

SINGLE, MARRIED,
WIDOWED, OR DIVORCEDAGE AT MARRIAGE,
NUMBER OF CHILD-
REN

If married, age at (first) marriage _____ years

Parent of _____ children, of whom _____ are living

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
Apl. 1 1909, to Mar 11 1909,
that I saw her alive on Mar 11 1909,
and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

Angina Pectoris

Contributory Movable Kidney (DURATION) _____ DAYS

(Signed) E. J. Chase M. D.

Died 1909 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Registrar

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of
orVillage of
or

City of

(No.

St.;

Ward)

Registered No. 5

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

Mary Ann Balls

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Mar 25 1824

AGE

85

YEARS

MONTHS

25

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage.....years

Parent of.....children, of whom.....are living

BIRTHPLACE (State or country)

England

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER (State or country)

"

MAIDEN NAME OF MOTHER

"

BIRTHPLACE OF MOTHER (State or country)

"

OCCUPATION

Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

C. H. Saunders

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Mar.

20

1909

I HEREBY CERTIFY, That I attended deceased ~~from~~ after death ~~from~~ ~~190~~ to Mar 20, 1909

that I saw her alive on ~~190~~ 190

and that death occurred, on the date stated above, at 7.9 M.

The CAUSE OF DEATH was as follows:

Old Age.

Contributory

(Signed)

3/20

1909 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or

usual residence

How long at

place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

UNDERTAKER

Filed

DATE OF BURIAL

Mar. 22

1909

ADDRESS

Chelsea Mich

(A TRUE COPY)

Mar 22 1909

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of *Washtenaw*

Department of State—Division of Vital Statistics

Township of

or

Village of *Chelsea*

or

City of

(No. _____)

St.; _____

Ward) _____

Registered No. *6*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME *Frederick Wedemeyer*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) *April* (Day) *7* (Year) *1858*

AGE *50* YEARS *10* MONTHS *26* DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage *33* years

Parent of *1* children, of whom *—* are living

BIRTHPLACE (State or country)

Mich.

NAME OF FATHER

Frederick Wedemeyer

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Augusta Turner

BIRTHPLACE OF MOTHER (State or country)

Germany

OCCUPATION

Book-keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) _____

(Address) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) *March*(Day) *3*(Year) *1909*

I HEREBY CERTIFY, That, I attended deceased from

*Jan 1, 1909, to Mar 3, 1909*that I saw him alive on *Mar 3, 1909*and that death occurred, on the date stated above, at *2 P. M.*

The CAUSE OF DEATH was as follows:

Acute Tuberculosis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) *G. W. Palmer*

M. D.

14

1909

(Address) *Chelsea Mich.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____

How long at place of death? _____

Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Chelsea Mich.

DATE OF BURIAL

Mar 7, 1909

UNDERTAKER

J. Staffan & Son

ADDRESS

*Chelsea Mich.*Filed *Mar 31, 1909*

A TRUE COPY

E. H. Maroney

Registrar

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MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

(No.

St;

Ward)

Registered No. 7

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage. 33 years

Parent of 3 children, of whom 2 are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from Mar 18 1909, to Mar 18 1909, that I saw him alive on Mar 18 1909, and that death occurred, on the date stated above, at 130 P.M.

The CAUSE OF DEATH was as follows:

Suicide by poison

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed)

Mar 20 1909 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL Mar 22 1909

UNDERTAKER

Geo. S. Staffaw Chelsea Mich

Filed

Mar 31 1909

A TRUE COPY

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of Chelsea

or

City of

(No. _____)

St.; _____

Ward) _____

Registered No. 8

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Charlotte B Dean

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>March</u> (Day) <u>15</u> (Year) <u>1846</u>	
AGE <u>63</u> YEARS, <u>1</u> MONTHS, <u>10</u> DAYS	

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 33 years
Parent of 5 children, of whom 4 are living

BIRTHPLACE (State or country) U.S.NAME OF FATHER Bryant TitusBIRTHPLACE OF FATHER (State or country) U.S.A.MAIDEN NAME OF MOTHER Anna RockwellBIRTHPLACE OF MOTHER (State or country) U.S.A.OCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas. Dean(Address) Ann Arbor Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) Apr. 24(Day) 26(Year) 1909

I HEREBY CERTIFY, That I attended deceased from Apr. 24 1909, to Apr. 25 1909, that I saw her alive on Apr. 25 1909 and that death occurred, on the date stated above, at 69 M.

The CAUSE OF DEATH was as follows:

EndocarditisContributory Chronic Bronchitis(Signed) E. J. Chase

M. D.

Apr. 28 1909 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? 1PLACE OF BURIAL OR REMOVAL Ann ArborDATE OF BURIAL Apr. 29 1909UNDERTAKER J. J. Stappan & SonADDRESS Chelsea MichFiled May 4th 1909

A TRUE COPY

Geo P Stappan
Registrar

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

PLACE OF DEATH

County of *Washtenaw*Township of *Windsor*

or

Village of *Chelsea*

or

City of

(No.

St;

Ward)

Registered No. *9*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

Mrs. Johanna Kelly

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

Sept

(Month)

(Day)

(Year)

*2**1858*

AGE

49

YEARS

8

MONTHS

27

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage

26

years

Parent of

7

children, of whom

6

are living

BIRTHPLACE (State or country)

Mich

NAME OF FATHER

Patrick Walsh

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Mary Carlin

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Joe Kelly

(Address)

Chelsea Mich

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*Apr.**29**1909*

I HEREBY CERTIFY, That I attended deceased from *July 22*, 190*9*, to *Apr. 22*, 190*9*, that I saw her alive on *Apr. 19*, 190*9*, and that death occurred, on the date stated above, at *3.9* M.

The CAUSE OF DEATH was as follows:

Chronic Ulcerative Pulmonary Tuberculosis
(DURATION) *3* DAYS
Contributory

(Signed)

Andros Gullet

(DURATION)

DAYS

M. D.

190*9*

(Address)

Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at

place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Cath. Sec. Chelsea**May 1st**1909*

INTERURKER

ADDRESS

*Stafford Hon.**Chelsea M*

Filed

A TRUE COPY

*May 4th 1909**C. F. Maroney*

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____
or _____Village of Chelsea
or _____

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME James H. Puncinaw

(No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)
April 12 1844AGE 65 YEARS 0 MONTHS 1 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED MarriedAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 36 years
Parent of 3 children, of whom 4 are livingBIRTHPLACE (State or country) MichiganNAME OF FATHER James H. PuncinawBIRTHPLACE OF FATHER (State or country) ScotlandMAIDEN NAME OF MOTHER Isabella CarterBIRTHPLACE OF MOTHER (State or country) ScotlandOCCUPATION Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. James Puncinaw(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Apr. 13 1909I HEREBY CERTIFY, That I attended deceased from Mar 3 1909, to Apr. 13 1909, that I saw him alive on Apr. 13 1909, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows:

Cholera
Carcinoma of Pancreas and
duodenum obstructing
common bile duct (DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) Andros Gulde M. D.
4/15 1909 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL Apr. 15 1909UNDERTAKER A. G. Mapes ADDRESS ChelseaFiled May 4 1909 A TRUE COPY E. W. Maroney

Registrar

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of
or

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of
or

City of

(No.

St.;

Ward)

Registered No. 11

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

SINGLE, MARRIED,
WIDOWED, OR DIVORCEDAGE AT MARRIAGE,
NUMBER OF CHILD-
REN

If married, age at (first) marriage

Parent of children, of whom are living

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from May 17, 1909, to May 20, 1909, that I saw her alive on May 20, 1909, and that death occurred, on the date stated above, at 7:45 P. M.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

May 20, 1909 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death?

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Registrar

MARGIN RESERVED FOR BINDING.

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

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

Registered No. 12

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

St.; _____ Ward)

FULL NAME Emily Spencer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR <u>White</u>		
DATE OF BIRTH <u>Feb</u>	(Month) <u>9</u>	(Day) <u>18</u>	(Year) <u>91</u>
AGE <u>91</u> YEARS <u>3</u> MONTHS <u>10</u> DAYS			
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage <u>18</u> years Parent of <u>10</u> children, of whom <u>6</u> are living			
BIRTHPLACE (State or country) <u>Orindg Co N.Y.</u>			
NAME OF FATHER <u>Nathan Adams</u>			
BIRTHPLACE OF FATHER (State or country) <u>Massachusetts</u>			
MAIDEN NAME OF MOTHER <u>Sally Cook</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Connecticut</u>			
OCCUPATION <u>None</u>			

DATE OF DEATH <u>May 19</u>	(Month) <u>19</u>	(Day) <u>1909</u>	(Year)
--------------------------------	----------------------	----------------------	--------

I HEREBY CERTIFY, That I attended deceased from Apr. 20 1909, to May 19 1909, that I saw her alive on May 19 1909, and that death occurred, on the date stated above, at 4 P.M.
 The CAUSE OF DEATH was as follows:

Fracture of hip
caused from falling bed
mod pile fast against bed
and struck her on hip
 Contributory mod pile fast against bed (DURATION) _____ DAYS
 (Signed) G. H. Palmer (DURATION) _____ DAYS
 190 (Address) Chelsea Mich M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :
 Former or usual residence _____ How long at place of death? _____ Days
 Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Vermont Ave Chelsea</u>	DATE OF BURIAL <u>May 22</u> 190 <u>9</u>
UNDERTAKER <u>H. Stafford Son</u>	ADDRESS <u>Chelsea</u>

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Joanna Cunningham
 (Address) Chelsea

Filed June 3 1909 A TRUE COPY
G. H. Palmer
 Registrar

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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of

or

City of

(No.

St.;

Ward)

Registered No. 103

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

Isaac J. Vogel

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

March

14

1841

AGE

68

3

6

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 24 years
Parent of 7 children, of whom 4 are living

BIRTHPLACE (State or country)

Germany

NAME OF FATHER

John Geo. Vogel

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Caroline Dieterly

BIRTHPLACE OF MOTHER (State or country)

Germany

OCCUPATION

Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

L. P. Vogel

(Address)

Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

June

20

1909

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1908, to June 20, 1909, that I saw him alive on June 19, 1909, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH was as follows:

Lupus of the lower
maxillary.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed)

H. W. Schmidt

M. D.

June 21, 1909

(Address)

Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or

How long at

usual residence

place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove

June 22, 1909

UNDERTAKER

ADDRESS

W. A. Mapes

Chelsea

Filed

A TRUE COPY

June 22, 1909

C. W. Moroney

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or _____

Village of Chelsea

or _____

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 14

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Betsy J. Noble

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>April</u> (Day) <u>1</u> (Year) <u>1846</u>	AGE <u>63</u> YEARS <u>3</u> MONTHS <u>20</u> DAYS
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Michigan</u>	
NAME OF FATHER <u>Albert C. Noble</u>	
BIRTHPLACE OF FATHER (State or country) <u>Mass.</u>	
MAIDEN NAME OF MOTHER <u>Harriet A. Woodworth</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Connecticut</u>	
OCCUPATION <u>Teacher</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Wm Taylor(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>July</u> (Day) <u>30</u> (Year) <u>1909</u>
--

I HEREBY CERTIFY, That I attended deceased from July 14, 1909, to July 25, 1909, that I saw her alive on July 25, 1909, and that death occurred, on the date stated above, at my M.

The CAUSE OF DEATH was as follows:

Fell down stairs by accident

(DURATION) _____ DAYS

Contributory _____

(SIGNED) H. W. Palmer (DURATION) _____ DAYS(Address) Chelsea M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Plainfield</u>	DATE OF BURIAL <u>Aug 1</u> 190 <u>9</u>
--	--

UNDERTAKER <u>J. A. Mapes</u>	ADDRESS <u>Chelsea</u>
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Filed 7/31 1909 A TRUE COPY C. H. Marmey

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of

Registered No. 15

City of

(No. St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage years

Parent of children, of whom are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
 May 23, 1909, to July 7, 1909,
 that I saw him alive on July 7, 1909,
 and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

July 8, 1909 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

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Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan
or

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of Chelsea
or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 16

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Louise Schumacher.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR White

DATE OF BIRTH (Month) July (Day) 21 (Year) 1872

AGE 37 YEARS, 5 MONTHS, 22 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 20 years
Parent of 4 children, of whom 1 are living

DATE OF DEATH (Month) July (Day) 12 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from July 1 1909, to July 12 1909, that I saw her alive on July 12 1909, and that death occurred, on the date stated above, at 4 P M.

The CAUSE OF DEATH was as follows:

Carcinoma of Uterus

BIRTHPLACE (State or country)

Mich.

NAME OF FATHER

Geo Wacker

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Louise Essig

BIRTHPLACE OF MOTHER (State or country)

Germany.

OCCUPATION

Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Geo. J. Staffaw

(Address)

Chelsea Mich

Contributory _____

(DURATION) _____

DAYS

(Signed) _____

(DURATION) _____

DAYS

M. D.

(Address) Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____

How long at place of death? _____

Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

Oak Grove Cem.

DATE OF BURIAL

July 15 1909

UNDERTAKER

J. Staffaw & Son

ADDRESS

Chelsea

Filed

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Aug 2 1909

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of Chelseaor
City of

(No. _____)

St.;

Ward)

Registered No. 17

(If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.)

FULL NAME Timothy McKune

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

June301830

AGE

78

YEARS

MONTHS

DAYS

20SINGLE, MARRIED,
WIDOWED, OR DIVORCEDMarriedAGE AT MARRIAGE,
NUMBER OF CHILD-
RENIf married, age at (first) marriage 38 yearsParent of 4 children, of whom 3 are livingBIRTHPLACE
(State or country)Ireland

NAME OF FATHER

Timothy McKuneBIRTHPLACE
OF FATHER
(State or country)IrelandMAIDEN NAME
OF MOTHERAnna McDonaldBIRTHPLACE
OF MOTHER
(State or country)Ireland

OCCUPATION

NoneTHE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

J. C. McKune
Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

July131909

I HEREBY CERTIFY, That I attended deceased from July 11 1909, to July 13 1909,
that I saw him alive on July 13 1909,
and that death occurred, on the date stated above, at 100 M.

The CAUSE OF DEATH was as follows:

Bronchopneumonia
Chronic Bronchitis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

Andros. Lynde

M. D.

Aug 3 1909

(Address)

Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or
usual residence

How long at

place of death?

Days

Where was disease contracted,
if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Sylvan Catholic CemJuly 121909

UNDERTAKER

ADDRESS

J. Hoffman & SonChelsea

Filed

A TRUE COPY

Aug 2 1909C. W. Marney

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 18

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

AGE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from July 14, 1909, to July 20, 1909, that I saw him alive on July 22, 1909, and that death occurred, on the date stated above, at 7:00 M. The CAUSE OF DEATH was as follows:

Contributory

(Signed)

July 23, 1909 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of Chelsea

or

City of

(No. _____ St.; _____ Ward)

Registered No. 10

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Margaret Weber

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) Nov. (Day) 8 (Year) 1872

AGE 36 YEARS 8 MONTHS 20 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 23 years Parent of 1 children, of whom 1 are living

BIRTHPLACE (State or country) Mich

NAME OF FATHER Jas. Wade

BIRTHPLACE OF FATHER (State or country) Mich

MAIDEN NAME OF MOTHER Margaret Savage

BIRTHPLACE OF MOTHER (State or country) Mich.

OCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jas. Wade

(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) July (Day) 28 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Jan'y 16 1909, to July 28, 1909, that I saw her alive on July 28, 1909, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:

Thrombosis
Chronic Nephritis
Mitral Insufficiency

(DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) Anthon Linder M. D.

Aug 3 1909 (Address) Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Catholic Cem. (Chelsea) DATE OF BURIAL July 31 1909

UNDERTAKER Stafford & Son ADDRESS Chelsea

Filed Aug 3 1909 A TRUE COPY C. H. Morrison

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of

Chelsea

or

City of

(No.

St.;

Ward)

Registered No.

20

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

Baby Adrian

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

July

(Day)

30

(Year)

1909

AGE

Still Born

YEARS MONTHS DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country)

Chelsea Mich

NAME OF FATHER

John G. Adrian

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Anna Mohrlock

BIRTHPLACE OF MOTHER (State or country)

Mich

OCCUPATION

None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

J. G. Adrian

(Address)

Chelsea M.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

July

(Day)

30

(Year)

1909

I HEREBY CERTIFY, That I attended deceased from

1909, to 1909,

that I saw h _____ alive on 1909,

and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Still Born

(DURATION) _____ DAYS

Contributory

(DURATION) _____ DAYS

(Signed)

L. G. Bush

M. D.

Aug 1 1909 (Address)

Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Cem.

July 30 1909

UNDERTAKER

ADDRESS

Stafford & Son

Chelsea

Filed

A TRUE COPY

Aug 2 1909

L. W. Marmey

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw
Sylvan
Chelsea

Department of State—Division of Vital Statistics

Township of
or

Village of
or

City of

(No.

St.;

Ward)

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 21

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

Mary Hackenbush

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female	COLOR	White
DATE OF BIRTH	(Month) Aug	(Day) 2	(Year) 1891
AGE	37	9	3
YEARS MONTHS DAYS			
SINGLE, MARRIED, WIDOWED, OR D.VORCED			
Married			
AGE AT MARRIAGE, NUMBER OF CHILDREN	If married, age at (first) marriage years		
Parent of 9 children, of whom 7 are living			
BIRTHPLACE (State or country)			
Mich			
NAME OF FATHER			
J. George Maier			
BIRTHPLACE OF FATHER (State or country)			
Germany			
MAIDEN NAME OF MOTHER			
Mary Neebeling			
BIRTHPLACE OF MOTHER (State or country)			
Germany			
OCCUPATION			
None			

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Geo. P. Staffan

(Address)

Chelsea Mich.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) Sept	(Day) 5	(Year) 1909
---------------	--------------	---------	-------------

I HEREBY CERTIFY, That I attended deceased from July 11 1909, to Sept 5 1909, that I saw her alive on Aug 30 1909, and that death occurred, on the date stated above, at 99 M.

The CAUSE OF DEATH was as follows:

Gravemia.
Chronic Nephritis
Mitral Insufficiency
Senile Arteriosclerosis

Contributory

(Signed)

Andros Gulde

M. D.

Sept 6 1909

(Address)

Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence..... How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Chelsea Mich

Sept 7 1909

UNDERTAKER

ADDRESS

J. Staffan Son

Chelsea Mich

Filed

Oct 4 1909

A TRUE COPY

C. H. Mooney

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

Sykes

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of

Chelsea

City of

(No.

St.;

Ward)

Registered No. 22

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

Marguerite McKune

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Dec

8

1849

AGE

59

10

YEARS MONTHS DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country)

Mich.

NAME OF FATHER

Timothy McKune

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Winifred McKune

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Ella McKune

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Month)

(Day)

(Year)

Sept

8

1909

I HEREBY CERTIFY That I attended deceased from

Sept 1st 1909, to Sept 8, 1909,that I saw him alive on Sept 1st 1909,

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH was as follows:

Interstitial Nephritis.

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

J F Woods

M. D.

Sept 9 1909 (Address)

Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cath Coy Chelsea

Sept 17 1909

UNDERTAKER

ADDRESS

Wattson Son

Chelsea Mich

Filed

A TRUE COPY

1909

E W Morrey

Registrar

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PLACE OF DEATH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of <u>Sylvan</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
or Village of <u>Chelsea</u>		Registered No. <u>23</u>	
or City of _____ (No. _____ St.; _____ Ward)		[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]	
FULL NAME <u>Daniel McLaughlin</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Male</u>	COLOR <u>White</u>		
DATE OF BIRTH (Month) <u>July</u> (Day) <u>1</u> (Year) <u>1841</u>			
AGE <u>68</u> YEARS, <u>3</u> MONTHS, <u>1</u> DAYS			
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN <u>58</u>	If married, age at (first) marriage <u>58</u> years		
	Parent of _____ children, of whom _____ are living		
BIRTHPLACE (State or country) <u>Ireland</u>			
NAME OF FATHER <u>John McLaughlin</u>			
BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>			
MAIDEN NAME OF MOTHER <u>Jane</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>			
OCCUPATION <u>Farmer</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant) <u>Geo. J. Staffau</u>			
(Address) <u>Chelsea Mich</u>			
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH (Month) <u>Oct</u> (Day) <u>15</u> (Year) <u>1909</u>			
I HEREBY CERTIFY, That I attended deceased from <u>April 1</u> 190 <u>9</u> , to <u>Oct 15</u> 190 <u>9</u> , that I saw him alive on <u>Oct 15</u> 190 <u>9</u> , and that death occurred, on the date stated above, at <u>7 P.</u> M.			
The CAUSE OF DEATH was as follows: <u>Chronic interstitial nephritis</u>			
(DURATION) _____ DAYS			
Contributory _____ (DURATION) _____ DAYS			
(Signed) <u>S. S. Bush</u> M. D.			
<u>Nov 4</u> 190 <u>9</u> (Address) <u>Chelsea</u>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:			
Former or usual residence _____		How long at place of death? _____ Days	
Where was disease contracted, if not at place of death? _____			
PLACE OF BURIAL OR REMOVAL <u>Catholic Chelsea Mich</u>		DATE OF BURIAL <u>Oct 17</u> 190 <u>9</u>	
UNDERTAKER <u>J. Staffau Son</u>		ADDRESS <u>Chelsea M.</u>	
Filed <u>Nov 5</u> 190 <u>9</u>		A TRUE COPY <u>L. W. Maroney</u>	

PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

Lafayette

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of

Chelsea

City of

(No.

St.;

Ward)

Registered No.

24

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME

Latherine Bighlerbach

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female			COLOR	White		
DATE OF BIRTH	(Month)	(Day)	(Year)				
	Oct	28	1830				
AGE	78			10	28		
SINGLE, MARRIED, WIDOWED, OR DIVORCED							
Widow							
AGE AT MARRIAGE, NUMBER OF CHILDREN	If married, age at (first) marriage 16 years Parent of 11 children, of whom 7 are living						
BIRTHPLACE (State or country)	Ireland						
NAME OF FATHER	John Ryan						
BIRTHPLACE OF FATHER (State or country)	Ireland						
MAIDEN NAME OF MOTHER	Margaret Heferu						
BIRTHPLACE OF MOTHER (State or country)	Ireland						
OCCUPATION	None						

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	Aug.	30	1909

I HEREBY CERTIFY, That I attended deceased from Aug 23 1909, to Aug 26 1909, that I saw her alive on Aug 26 1909, and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Fell on the floor and fractured her hip

(DURATION) DAYS

Contributory which caused her death

(DURATION) DAYS

(Signed) Geo W Palmer M.D.

Sept 1 1909 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Catholic Chelsea	Sept 2 1909
UNDERTAKER	ADDRESS
F. Stafford & Son	Chelsea Mich
Filed	A TRUE COPY
Nov. 5 1909	C. W. Marney
	Registrar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Geo W Stafford

(Address)

Chelsea Mich

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PLACE OF DEATH
County of Washtenaw
Township of _____
or _____
Village of Chelsea
or _____
City of _____ (No. _____) St.; _____ Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Emmy Louise Mitchell

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH <u>Nov.</u> (Month) <u>10</u> (Day) <u>1847</u> (Year)	
AGE <u>62</u> YEARS, <u>7</u> MONTHS, <u>4</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR D.VORCED <u>Married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>31</u> years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>New York</u>	
NAME OF FATHER <u>Stephen Easton</u>	
BIRTHPLACE OF FATHER (State or country) <u>N.Y.</u>	
MAIDEN NAME OF MOTHER <u>Mary Field</u>	
BIRTHPLACE OF MOTHER (State or country) <u>N.Y.</u>	
OCCUPATION <u>Housewife</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. H. Mitchell
(Address) Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Nov.</u>	(Day) <u>17</u>	(Year) <u>1909</u>
---------------	------------------------	--------------------	-----------------------

I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1909, to Nov. 17, 1909, that I saw her alive on Nov. 17, 1909, and that death occurred, on the date stated above, at 2 P. M.
The CAUSE OF DEATH was as follows:

Cancerous of Liver

Contributory _____ (DURATION) _____ DAYS
(Signed) St. Bush M. D.
Nov. 19 1909 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Cath. Church</u>	DATE OF BURIAL <u>Nov. 20</u> 190 <u>9</u>
UNDERTAKER <u>St. Mary's</u>	ADDRESS <u>Chelsea</u>
Filed <u>Nov. 22</u> 190 <u>9</u>	A TRUE COPY <u>St. Mary's</u> Registrar

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of WashtenawTownship of Sylvan

or

Village of Chelsea

or

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 26

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME John Collins

(No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) Aug. (Day) 10 (Year) 1836AGE 73 YEARS 2 MONTHS 24 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED Don't know

AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Unknown

NAME OF FATHER _____

BIRTHPLACE OF FATHER (State or country) _____

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (State or country) _____

OCCUPATION _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Herbert S. Withersell(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Nov. (Day) 4 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from _____ 190____, to _____ 190____,

that I saw h _____ alive on _____ 190____, and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows: Found dead on Mich Central Railroad right of way at about 1:30 A.M. Death accidental, exact cause unknown (DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) Herbert S. Withersell M. D. Nov. 11 1909 (Address) Justice of the Peace Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL Nov. 24 1909UNDERTAKER F. Haffard & Son ADDRESS Chelsea MichFiled Dec. 3rd 1909 A TRUE COPY L. W. Marney Registrar

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PLACE OF DEATH

County of Washtenaw
Township of Sylvan
or
Village of Chelsea
or
City of _____ (No. _____ St.; _____ Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 27

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Agness McKune

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) 7 (Day) 8 (Year) 1841

AGE 68 YEARS 4 MONTHS 2 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 25 years Parent of 4 children, of whom 2 are living

BIRTHPLACE (State or country) Michigan

NAME OF FATHER Edward Welsh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Welsh

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION at Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. E. McKune
(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Nov. (Day) 10 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1909, to Nov. 10 1909, that I saw her alive on Nov. 10 1909, and that death occurred, on the date stated above, at 6:30 P.M.
The CAUSE OF DEATH was as follows:

Angina Pectoris

Contributory _____ (DURATION) _____ DAYS

(Signed) Andros J. Gude M. D.
Aug 3 1909 (Address) Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at _____ place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Cath Cemetery Chelsea Mich DATE OF BURIAL Nov. 15th 1909

UNDERTAKER J. Staffan & Son ADDRESS Chelsea Mich

Filed Dec. 3rd 1909 A TRUE COPY L. W. Maroney Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of *Washtenaw*

Department of State—Division of Vital Statistics

Township of *Sylvania*

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of *Chelsea*

City of

(No. *28*)

St.;

Ward)

Registered No. *28*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME *Hugh M. McCabe*

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

*May**10**1815*

AGE

*94**6**14*

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage *25* yearsParent of *9* children, of whom *2* are living

BIRTHPLACE (State or country)

Ireland

NAME OF FATHER

Teril McCabe

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Rose

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Geo P Staffan

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*Nov**24*190*9*

I HEREBY CERTIFY, That I attended deceased from *Nov. 17* 190*9*, to *Nov. 17* 190*9*, that I saw him alive on *Nov. 17* 190*9*, and that death occurred, on the date stated above, at *3 94* M.

The CAUSE OF DEATH was as follows:

Uterine Sclerosis

(DURATION)

DAYS

Contributory

(DURATION)

DAYS

(Signed)

G. W. Palmer

M. D.

190

(Address)

Chelsea Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at

place of death?

Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Cath Cem Chelsea Mich**Nov. 27* 190*9*

UNDERTAKER

ADDRESS

*Geo P Staffan**Chelsea Mich*

Filed

190

A TRUE COPY

G. W. Marney

Registrar

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Extracts from Public Act No. 217 of 1897 (Compiled Laws of 1897, Secs. 4614-4620).

AN ACT to provide for the registration of deaths in Michigan and requiring certificates of death.

SECTION 1. *The People of the State of Michigan enact,* That the body of no person whose death occurs in the State shall be interred, deposited in a vault or tomb or otherwise disposed of, or removed from the township, village or city in which the death occurred, until a permit for burial or removal shall have been properly issued by the clerk of the township, village or city in which the death occurs, who shall be the registrar of deaths. * * * * *

SEC. 2. Whenever any person shall die, the undertaker, householder, relative, friend, manager of institution, sexton or other person superintending the burial of said deceased person, shall cause a certificate of death to be filled out with all of the personal and family particulars required in section three of this act, and attested by the signature of a relative or some competent person acquainted with the facts. The physician who attended the deceased person during his last illness shall fill out the medical certificate of cause of death, which death certificate shall be delivered to the registrar within the time designated, if any, by the local board of health. In case of death without the attendance of a physician, or if it shall appear probable that the deceased person came to his death by unlawful or suspicious means, then the registrar shall refer the certificate to the health officer or coroner for immediate investigation and report prior to issuing the permit: *Provided*, That when the health officer is not a physician, and only in such case, the registrar is authorized to insert the facts relating to the cause of death from statements of relatives or other competent testimony. Upon the presentation of a certificate of death properly filled out and signed, the registrar shall issue a permit for the burial or removal of the body and shall immediately record the death in the register of deaths, numbering all certificates consecutively in the order in which they are received, beginning with number 1 for the first death that occurs in each year. In deaths from dangerous communicable diseases, burial or removal permits shall be granted by the registrar only in accordance with the rules of the local board of health and of the State Board of Health relating thereto. The sexton or other person having charge of the interment or final disposition of the body shall retain the burial permit when presented to him by the undertaker: *Provided*, That when a body is shipped the removal permit shall be presented by the undertaker or other person shipping the same to the agent of the transportation company, and shall be attached by him, with the transit permit, to the box containing the body, to accompany the same to destination, and no transit permit shall be issued or received by any transportation company for the shipment of a body unless accompanied by the registrar's removal permit.

SEC. 4. Registers of death shall be supplied by the Secretary of State to registrars for recording certificates of death, together with all blanks required for the execution of this act: On the fourth day of each month the registrar of each township, village and city shall promptly transmit to the Secretary of State, in an official envelope provided by the State, and stamped with one full letter stamp, all the certificates of death filed in his office during the preceding calendar month, with a statement of the number of deaths so reported. If no deaths occurred, he shall make a return to that effect upon a postal card blank.

SEC. 6. Any official failing or refusing to perform his duty under this act, or any undertaker violating any of its provisions, shall, upon conviction thereof, be deemed guilty of a misdemeanor, and shall be punished by a fine of not less than five dollars and not exceeding one hundred dollars, or be imprisoned in the county jail not exceeding thirty days, or suffer both fine and imprisonment at the discretion of the court. *Local registrars shall see that the provisions of this act are enforced in their jurisdictions*; the Secretary of State shall be charged with the general execution of the law and shall have supervisory power over registrars, to the end that this act shall be uniformly and effectually executed throughout the State. Prosecuting attorneys shall, upon the request of a local registrar, or of the Secretary of State, assist in the enforcement of the provisions of this act.

**Copies of the Registration Law will be supplied by the
Secretary of State on application.**