

# STATE OF MICHIGAN.

Department of State—Division of Vital Statistics.

## REGISTER OF DEATHS.

PUBLIC ACT NO. 217 OF 1897 (AMENDED 1901)

*Township*  
(Township, Village, or City.)

of

County of

*Washtenaw*


From


*October 13, 1909*

190, to

*August 30, 1910*  
~~*August 10, 1910*~~

**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

Township of

or

Village of

or

City of

## 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

## 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 a deceased from Sept. 20 1909 to Oct. 13th, 1909, that I saw him alive on Oct. 13th, 1909, and that death occurred, on the date stated above, at 9:15 P.M.

The CAUSE OF DEATH was as follows:

Carcinoma of Stomach.

Contributory

(Signed)

1915 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



## 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 .....

City of .....

(No. .... St.; .... Ward)

Registered 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.]

FULL NAME *Harry Rueben West*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*DATE OF BIRTH (Month) (Day) (Year)  
*November 22 1886*AGE *23* YEARS *1* MONTHS *1* DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage ..... years  
Parent of ..... children, of whom ..... are livingBIRTHPLACE (State or country) *Michigan*NAME OF FATHER *Russell West*BIRTHPLACE OF FATHER (State or country) *New York*MAIDEN NAME OF MOTHER *Emma Porter*BIRTHPLACE OF MOTHER (State or country) *Michigan*OCCUPATION *Farmer*

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

(Informant) *Chris West*(Address) *Chelsea*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
*December 23 1909*I HEREBY CERTIFY, That I attended deceased from *Dec. 23 1909* to *Dec. 23 1909*that I saw him alive on *Dec 23 1909*and that death occurred, on the date stated above, at *9 P. M.*

The CAUSE OF DEATH was as follows:

*Pneumonia*

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) *H. W. Schmidt* M. D.*Dec 24 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 *Sylvan Center* DATE OF BURIAL *Dec. 26 1909*UNDERTAKER *S. A. Mapes* ADDRESS *Chelsea*Filed *Dec. 24 1909* A TRUE COPY *C. W. Maroney*

Registrar

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

MARGIN RESERVED FOR BINDING.

Form 93—2-08-500 bks., 100 pages.



## PLACE OF DEATH

## STATE OF MICHIGAN

County of

Township of

or

Village of

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

## 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:

Coroner's Verdict: Was accidentally killed by being struck by Electric car, at about 9:55 AM Dec. 22nd. 09 (DURATION) ..... DAYS

Contributory

(Signed)

Dec. 26 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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MARGIN RESERVED FOR BINDING.

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

## PLACE OF DEATH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of  
 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

Frederick Osterle(No.       )

St.;

Ward)

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |
|---|--|
| SEX<br><u>Male</u>  | COLOR<br><u>White</u>                                  |
| DATE OF BIRTH<br>(Month) <u>July</u><br>(Day) <u>12</u><br>(Year) <u>1845</u>   | AGE<br><u>64</u> YEARS, <u>7</u> MONTHS, <u>7</u> DAYS |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Married</u>   |  |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>{ If married, age at (first) marriage..... years<br>Parent of..... children, of whom..... are living |  |
| BIRTHPLACE (State or country)<br><u>Germany.</u>  |  |
| NAME OF FATHER<br><u>Frederick Osterle</u>  |  |
| BIRTHPLACE OF FATHER (State or country)<br><u>Germany</u>   |  |
| MAIDEN NAME OF MOTHER<br><u>Katherine Kalmbach</u>  |  |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Germany</u>   |  |
| OCCUPATION<br><u>Farmer</u>   |  |

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

(Informant)

(Address)

Mrs. Fred't Osterle  
Chelsey Mich

## MEDICAL CERTIFICATE OF DEATH

|  |         |       |        |
|--|---------|-------|--------|
| DATE OF DEATH<br><u>July</u><br><u>19</u><br><u>1900</u> | (Month) | (Day) | (Year) |
|--|---------|-------|--------|

HEREBY CERTIFY, That I attended deceased from July 10th 1900, to July 19 1900, that I saw him alive on July 19 1900, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:

Valvular disease of heart

Contributory Pulmonary Edema  
 (DURATION)..... DAYS

(Signed) G. W. Bush M. D.  
July 19 1900 (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  
July 22nd 1900

UNDERTAKER  
S. A. Mape  
 ADDRESS  
Chelsey

Filed July 23 1900  
 A TRUE COPY  
G. W. Bush  
 Registrar



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

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

Cynthia Johnson

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White  
 DATE OF BIRTH (Month) (Day) (Year)  
May 8 1885  
 AGE 75 YEARS 12 MONTHS 12 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 24 years  
 Parent of 8 children, of whom 5 are living

BIRTHPLACE (State or country)

Scotland

NAME OF FATHER

John Fergusson

BIRTHPLACE OF FATHER (State or country)

Scotland

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

Housewife

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

(Informant)

A. E. Johnson

(Address)

Chelsea

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
May 20 1910

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

The CAUSE OF DEATH was as follows:

called after death  
said to have died from  
heart disease

(DURATION) \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_

(DURATION) \_\_\_\_\_ DAYS

(Signed)

Geo. H. Palmer

M. D.

3/24 1910 (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

DATE OF BURIAL

May 22 1910

UNDERTAKER

H. C. Mapes

ADDRESS

Chelsea

Filed

5-24-1910

TRUE COPY

Paul S. Bacon

Registrar

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## PLACE OF DEATH

County of WaukeganTownship of Sylvanor  
Village ofor  
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 Dennis A. Shaulding

## PERSONAL AND STATISTICAL PARTICULARS

SEX MaleCOLOR White

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

SINGLE, MARRIED,  
WIDOWED, OR DIVORCED MarriedAGE AT MARRIAGE,  
NUMBER OF CHILD-  
REN{ If married, age at (first) marriage 23 years  
Parent of 9 children, of whom 7 are livingBIRTHPLACE  
(State or country)

NAME OF FATHER

BIRTHPLACE  
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) Mrs. D. A. Shaulding(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)

I HEREBY CERTIFY, That I attended deceased from  
May, 15 1960, to May, 19 1960,  
that I saw him alive on May, 19 1960,  
and that death occurred, on the date stated above, at 6, 7, M.

The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed)

5-24 1960

(Address)

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

Former or  
usual residenceHow 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

5-24- 1960

Registrar



## PLACE OF DEATH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered 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.]

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME

Jacob Kern

## PERSONAL AND STATISTICAL PARTICULARS

|                                       |                     |                 |                    |
|---------------------------------------|---------------------|-----------------|--------------------|
| SEX                                   | <u>Male</u>         | COLOR           | <u>White</u>       |
| DATE OF BIRTH                         | (Month) <u>Feb.</u> | (Day) <u>28</u> | (Year) <u>1822</u> |
| AGE                                   | <u>88</u> YEARS     | <u>2</u> MONTHS | <u>29</u> DAYS     |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED |                     |                 |                    |

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 29 years  
 Parent of 4 children, of whom 4 are living

BIRTHPLACE (State or country)

Germany

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER (State or country)

Unknown

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

Unknown

OCCUPATION

Farmer

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

(Informant)

Jacob Kern Jr.  
Chelsea

(Address)

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

1900

I HEREBY CERTIFY, That I attended deceased from Jan 30 1900, to Feb 1 1900, that I saw him alive on Feb 1 1900, and that death occurred, on the date stated above, at 9:00 M.  
 The CAUSE OF DEATH was as follows:

Probe hit on Jan. 30, 1900, had not seen him since time stated above so do not know immediate contributory cause of death

(Signed) Geo. H. Palmer M. D.  
May 27 1900 (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

UNDERTAKER

Filed

A TRUE COPY

DATE OF BURIAL

ADDRESS

Sylvan CemD. G. MapesJune 1 1900May 27 1900ChelseaPaul M. Bacon

Registrar

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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 *Sylvan*

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of \_\_\_\_\_

Registered No. *5*

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

*Truman Winslow Baldwin*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) (Day) (Year)  
*June 2 1822*

AGE *88* YEARS *22* MONTHS *22* DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

*Widower*

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage *24* years

Parent of *2* children, of whom *1* are living

BIRTHPLACE (State or country)

*Vermont*

NAME OF FATHER

*Treat Baldwin*

BIRTHPLACE OF FATHER (State or country)

*Vermont*

MAIDEN NAME OF MOTHER

*Elizabeth Golden*

BIRTHPLACE OF MOTHER (State or country)

*New York*

OCCUPATION

*Farmer*

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

(Informant)

*S. H. Baldwin*

(Address)

*Chebea, Mich.*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
*June 17 1900*

I HEREBY CERTIFY, That I attended deceased from *May 1st 1900* to *June 17 1900*, that I saw him alive on *June 17 1900*, and that death occurred, on the date stated above, at *6 P. M.*

The CAUSE OF DEATH was as follows:

*General paresis*

Contributory

(Signed) *J. G. Bush* M. D.*June 24 1900* (Address) *Chebea*

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 *Vermont Cem. Sylvan* DATE OF BURIAL *June 19 1900*UNDERTAKER *J. Haffan & Son* ADDRESS *Chebea, Mich.*Filed *July 5 1900* A TRUE COPYRegistrar *Paul D. Bacon*



## PLACE OF DEATH

County of

Washtenaw  
Lewiston

Township of

or

Village of

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

Paul Kern

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) (Day) (Year)  
*Nov. 13, 1903*

AGE *6* YEARS *7* MONTHS *14* 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)

*Michigan*

NAME OF FATHER

*Jacob Kern*

BIRTHPLACE OF FATHER (State or country)

*Michigan*

MAIDEN NAME OF MOTHER

*Mary Young*

BIRTHPLACE OF MOTHER (State or country)

*Michigan*

OCCUPATION

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

(Informant)

(Address)

*Jacob Kern*  
*Chelsea*

## 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)

*Aug**7**1900*

I HEREBY CERTIFY, That I attended deceased from *Aug. 4, 1900*, to *Aug 7, 1900*, that I saw him alive on *Aug. 7, 1900*, and that death occurred, on the date stated above, at *11 P.M.*

The CAUSE OF DEATH was as follows:

*Tubercular Meningitis*(DURATION) *10* DAYS

Contributory

(DURATION) DAYS

(Signed)

M. D.

*J. G. Bush*  
*Aug 8, 1900 (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

UNDERTAKER

ADDRESS

*Lewiston Centre**Aug 9, 1900**S. A. Mapes**Chelsea*

Filed

A TRUE COPY

*Aug. 15, 1900**Paul Bacon*

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  |                    |                |                    |
| Village of _____  |   |                 |                    | Registered No. <u>7</u>  |                    |                |                    |
| City of _____   |   |                 |                    | (No. _____ St.; Ward _____)  |                    |                |                    |
| FULL NAME <u>Christian Miller</u>   |   |                 |                    | [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.]  |                    |                |                    |
| <b>PERSONAL AND STATISTICAL PARTICULARS</b>   |   |                 |                    | <b>MEDICAL CERTIFICATE OF DEATH</b>  |                    |                |                    |
| SEX <u>Male</u>   | COLOR <u>White</u>  |                 |                    | DATE OF DEATH  | (Month) <u>Aug</u> | (Day) <u>8</u> | (Year) <u>1910</u> |
| DATE OF BIRTH   | (Month) <u>Jan</u>  | (Day) <u>18</u> | (Year) <u>1828</u> | I HEREBY CERTIFY, That I attended deceased from <u>Aug. 8, 1910</u> , to <u>Aug. 8, 1910</u> , that I saw him alive on <u>Aug. 8, 1910</u> , and that death occurred, on the date stated above, at <u>10 P. M.</u> |                    |                |                    |
| AGE   | <u>82</u> YEARS <u>6</u> MONTHS <u>30</u> DAYS  |                 |                    | The CAUSE OF DEATH was as follows:   |                    |                |                    |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   | <u>Widowed</u>  |                 |                    | <u>Cancer of Pyloric + of Stomach</u>  |                    |                |                    |
| AGE AT MARRIAGE, NUMBER OF CHILDREN   | { If married, age at (first) marriage _____ years<br>Parent of _____ children, of whom _____ are living |                 |                    | (DURATION) _____ DAYS  |                    |                |                    |
| BIRTHPLACE (State or country)   | <u>Germany</u>  |                 |                    | Contributory _____ (DURATION) _____ DAYS   |                    |                |                    |
| NAME OF FATHER  | <u>Unknown</u>  |                 |                    | (Signed) <u>Geo. H. Palmer</u> M. D.   |                    |                |                    |
| BIRTHPLACE OF FATHER (State or country)   | <u>Unknown</u>  |                 |                    | <u>190</u> (Address) <u>Chelsea, Mich.</u>   |                    |                |                    |
| MAIDEN NAME OF MOTHER   | <u>Unknown</u>  |                 |                    | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  |                    |                |                    |
| BIRTHPLACE OF MOTHER (State or country)   | <u>Unknown</u>  |                 |                    | Former or usual residence _____ How long at place of death? _____ Days   |                    |                |                    |
| OCCUPATION  | <u>Farmer</u>   |                 |                    | Where was disease contracted, if not at place of death? _____  |                    |                |                    |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF |   |                 |                    | PLACE OF BURIAL OR REMOVAL <u>Sylvan M. E.</u> DATE OF BURIAL <u>Aug. 11, 1910</u>   |                    |                |                    |
| (Informant) <u>John Miller</u>  |   |                 |                    | UNDERTAKER <u>S. G. Meyer</u> ADDRESS <u>Chelsea</u>   |                    |                |                    |
| (Address) <u>Chelsea</u>  |   |                 |                    | Filed <u>Aug. 15, 1910</u> A TRUE COPY <u>Gaul &amp; Bacon</u> Registrar   |                    |                |                    |



## PLACE OF DEATH

## STATE OF MICHIGAN

County of *Wahpetenaw*

Department of State—Division of Vital Statistics

Township of *Sylvan*  
orVillage of \_\_\_\_\_  
or

City of \_\_\_\_\_

## 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.]

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME *Raymour J. Lyndall*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) (Day) (Year)  
*Jan. 19 1821*

AGE *89* YEARS MONTHS 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 Jersey*NAME OF FATHER *Abijah Lyndall*BIRTHPLACE OF FATHER (State or country) *New Jersey*MAIDEN NAME OF MOTHER *Elizabeth Smith*BIRTHPLACE OF MOTHER (State or country) *New Jersey*OCCUPATION *Farmer*

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

(Informant) *Mrs. J. Lyndall*(Address) *Shelby*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
*Aug 11 1900*

I HEREBY CERTIFY, That I attended deceased from *Aug 7 1900* to *Aug 11 1900*, that I saw him alive on *Aug 11 1900* and that death occurred, on the date stated above, at *9 A. M.*

The CAUSE OF DEATH was as follows:

*Arterio Sclerosis*

(DURATION) \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_

(Signed) *Geo. H. Palmer* M.D. (DURATION) \_\_\_\_\_ DAYS

190 (Address) *Shelby, Mich.*

## SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Resident Patients:

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 *Sylvan* DATE OF BURIAL *Aug. 14 1900*

UNDERTAKER *B. G. Mapes* ADDRESS \_\_\_\_\_

Filed *Aug. 15 1900* A TRUE COPY *Paul C. Bacon* 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  
County of *Washtenaw*  
Township of *Jyhan*  
or  
Village of  
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.]

FULL NAME *Vasel Risto* (No. St.; Ward)

## PERSONAL AND STATISTICAL PARTICULARS

|  |                    |
|--|--------------------|
| SEX <i>Male</i>  | COLOR <i>White</i> |
| DATE OF BIRTH (Month) (Day) (Year)<br><i>Unknown</i> 1   |                    |
| AGE<br><i>18</i> YEARS MONTHS DAYS   |                    |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><i>Single</i>   |                    |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage years<br>Parent of children, of whom are living |                    |
| BIRTHPLACE (State or country)<br><i>Macedonia</i>  |                    |
| NAME OF FATHER<br><i>Vasil Risto Poproff</i>   |                    |
| BIRTHPLACE OF FATHER (State or country)<br><i>Macedonia</i>  |                    |
| MAIDEN NAME OF MOTHER<br><i>Uode Nicola</i>  |                    |
| BIRTHPLACE OF MOTHER (State or country)<br><i>Macedonia</i>  |                    |
| OCCUPATION<br><i>Railroad laborer</i>  |                    |

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

(Informant) *B. Costa*  
(Address) *Chelsea*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
*Aug. 24* 19*10*

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:

*Accidentally killed by Michigan Central Engine*  
(DURATION) DAYS

Contributory  
(Signed) *Frank Brock, Coroner*  
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 190

UNDERTAKER ADDRESS  
*J. A. Mapes* *Chelsea*

Filed *Aug. 27* 19*10* A TRUE COPY *Paul O'Brien*  
Registrar



PLACE OF DEATH  
County of Washtenaw  
Township of \_\_\_\_\_  
or  
Village of \_\_\_\_\_  
or  
City of \_\_\_\_\_

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

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 Clarence B. Jensen

(No. \_\_\_\_\_

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White  
DATE OF BIRTH (Month) Aug (Day) 5 (Year) 1909  
AGE 10 YEARS — MONTHS 19 DAYS

SINGLE, MARRIED,  
WIDOWED, OR DIVORCED

AGE AT MARRIAGE,  
NUMBER OF CHILD-  
REN

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

BIRTHPLACE  
(State or country)

Michigan

NAME OF  
FATHER

John Jensen

BIRTHPLACE  
OF FATHER  
(State or country)

Michigan

MAIDEN NAME  
OF MOTHER

Edna Ives

BIRTHPLACE  
OF MOTHER  
(State or country)

Michigan

OCCUPATION

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

(Informant) Mrs. Homer Ives

(Address) Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Aug (Day) 24 (Year) 1910

I HEREBY CERTIFY, That I attended deceased from  
Aug. 21 1910, to Aug. 24 1910,  
that I saw him alive on Aug. 24 1910,  
and that death occurred, on the date stated above, at 8 P. M.  
The CAUSE OF DEATH was as follows:

Acute Gastroenteritis

Contributory

Cerebral edema

(Signed)

H. G. Bush

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

UNDERTAKER

Filed

DATE OF BURIAL

ADDRESS

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 .....

or

Village of .....

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 *John Weber*

(No. ....

St.; .....

Ward) .....

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male*COLOR *White*

DATE OF BIRTH

(Month) *Nov*(Day) *9*(Year) *1855*

AGE

*55* YEARS*9* MONTHS*2* DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

*Married*

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage *25* years  
Parent of *5* children, of whom *5* are living

BIRTHPLACE (State or country)

*Michigan*

NAME OF FATHER

*Simon Weber*

BIRTHPLACE OF FATHER (State or country)

*Germany*

MAIDEN NAME OF MOTHER

*Genevieve Bauer*

BIRTHPLACE OF MOTHER (State or country)

*Germany*

OCCUPATION

*Farmer*

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

(Informant) *Joe Weber*(Address) *Chelsea*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) *August*(Day) *24*(Year) *1900*

I HEREBY CERTIFY, That I attended deceased from *July 26* 1900, to *Aug 24* 1900, that I saw him alive on *Aug 24* 1900, and that death occurred, on the date stated above, at *8 P. M.*

The CAUSE OF DEATH was as follows:

*Pernicious Anaemia*  
*Several months* (DURATION) ..... DAYS

Contributory .....

(Signed) *H. G. Bush*

M. D.

*Aug 15 1900* (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

*St. Olaf, Chelsea**Aug. 27 1900*

UNDERTAKER

ADDRESS

*J. J. Staffan & Son**Chelsea*

Filed

A TRUE COPY

*Aug. 27 1900**Paul O. Bacon*

Registrar



## PLACE OF DEATH

County of Franklin  
 Township of Yutan  
 or  
 Village of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

(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 Grace Taylor

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) August (Day) 15 (Year) 1835

AGE 75 YEARS - 18 MONTHS - 18 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN 24 years  
 married, age at (first) marriage 24 years  
 Parent of 3 children, of whom 2 are living

BIRTHPLACE (State or country) MichiganNAME OF FATHER Gas. CottleBIRTHPLACE OF FATHER (State or country) EnglandMAIDEN NAME OF MOTHER Betty BearleyBIRTHPLACE OF MOTHER (State or country) EnglandOCCUPATION Cornwife

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

(Informant) Gas. Taylor Jr.(Address) Chelsea Mich.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) September (Day) 3 (Year) 1910

I HEREBY CERTIFY, That I attended deceased from Sept 1 1910, to Sept 3 1910, that I saw her alive on Sept 3 1910, and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH was as follows:

Apoplexy

Contributory \_\_\_\_\_

(Signed) Geo. W. Parker

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 Lake GroveDATE OF BURIAL Sept 6 1910UNDERTAKER D. G. MapesADDRESS ChelseaFiled Sept 6 1910

A TRUE COPY

Registrar Paul A. Baron

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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

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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.]

## 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 Nov. 5, 1900, to Nov. 5, 1900, that I saw him alive on Nov. 5, 1900, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Contributory

(Signed)

Nov. 7, 1900 (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

Nov. 11-10 1900

A TRUE COPY

Registrar



County of Washington  
Township of Sylvan  
or  
Village of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Department of State—Division of Vital Statistics

### TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

## PERSONAL AND STATISTICAL PARTICULARS

|               |                 |             |                |       |      |
|---------------|-----------------|-------------|----------------|-------|------|
| SEX           | Male            |             | COLOR          | White |      |
| DATE OF BIRTH | (Month)<br>June | (Day)<br>27 | (Year)<br>1910 |       |      |
| AGE           | 5 YEARS         |             | 6 MONTHS       |       | DAYS |

**SINGLE, MARRIED,  
WIDOWED, OR DIVORCED**

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

BIRTHPLACE (State or country) MD -

NAME OF FATHER *Wm. H. Bell*

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) Mrs. M. Goppa  
(Address) Chelsea

### MEDICAL CERTIFICATE OF DEATH

|               |                 |            |                |
|---------------|-----------------|------------|----------------|
| DATE OF DEATH | (Month)<br>Dec. | (Day)<br>3 | (Year)<br>1910 |
|---------------|-----------------|------------|----------------|

I HEREBY CERTIFY, That I attended deceased from Dec. 2 1940, to Dec. 3 1940,  
that I saw him alive on Dec. 3 1940,  
and that death occurred, on the date stated above, at 5 P. M.

**The CAUSE OF DEATH** was as follows:

Cholera Infantum

Contributory .....  
(Signed) *B. H. Schmidt* (DURATION) ..... DAY .....  
12-5 1940 (Address) *Phelsea, 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<br><i>German M.C.</i> | DATE OF BURIAL<br><i>Dec. 2</i> 19 <i>00</i> |
| UNDERTAKER                                       | ADDRESS<br><i>St. Louis</i>                  |

|             |         |
|-------------|---------|
| UNDER TAKER | ADDRESS |
| H. G. Mapes | Chelsea |

Filed  
Dec 6 1960  
A TRUE COPY  
James H. Bacon  
Registrar

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## PLACE OF DEATH

County of

Township of

or

Village of

or

City of

(No.

St.

Ward)

FULL NAME

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## 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.]

## 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 viewed body of Dec. 4 1910, to 19, that I saw him alive on 19, and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH was as follows:

Struck by M. Central train #36 while walking on Michigan Central right of way about 80 rods west of Wotten crossing, Sylvan Township, Washtenaw Co. according to verdict of coronary jury held before me Dec. 8-1910 H.D. Withnall 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

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A TRUE COPY

Registrar



# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PLACE OF DEATH  
County of Warren  
Township of Sylvan  
or  
Village of  
or  
City of

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 Mrs. Arthur W. Chapman

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White  
DATE OF BIRTH (Month) (Day) (Year)  
Mar 19 1844

AGE 67 YEARS 5 MONTHS  DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

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

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Geo. Kanouse

BIRTHPLACE OF FATHER (State or country)

U. S.

MAIDEN NAME OF MOTHER

Chase  
U. S.

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

Housewife

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

(Informant)

Geo. Chapman  
Chelsea Mich.

(Address)

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Feb.

24

1911

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1911, to Feb. 23 1911, that I saw her alive on Feb. 23 1911, and that death occurred, on the date stated above, at 68 M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis  
and hyper trophy of heart  
with Arteriosclerosis

(DURATION) \_\_\_\_\_ DAYS

Contributory

(DURATION) \_\_\_\_\_ DAYS

(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

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

A TRUE COPY

Mar 4 1911

Saul O. Bacon

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

Registered No. *2*

Village of

or

City of

(No. St.; Ward)

FULL NAME

*Margaret Mary Dealy*

[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)

*Aug**20**1881*

AGE

*29**6**15**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

*Gerald Dealy*

BIRTHPLACE OF FATHER (State or country)

*Ireland*

MAIDEN NAME OF MOTHER

*Bridget Carr*

BIRTHPLACE OF MOTHER (State or country)

*Ireland*

OCCUPATION

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

(Informant)

(Address)

*Geo. F. Staffan*  
*Chelsea, Mich.*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*Mar.**5**1911*

I HEREBY CERTIFY, That I attended deceased from *Oct. 1* 19*10*, to *Mar. 5* 19*11*, that I saw h*er* alive on "*5*" 19*11*, and that death occurred, on the date stated above, at *6 A. M.*

The CAUSE OF DEATH was as follows:

*Vascular disease of heart*Contributory *oedema of lungs*

(Signed)

*H. G. Bush*

M. D.

*Mar. 6 1911* (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

*Chelsea Mich**Mar. 8* 19*11*

UNDERTAKER

ADDRESS

*F. Staffan & Son* *Chelsea Mich*

Filed

A TRUE COPY

*Mar. 12* 19*11* *Paul D. Bacon* Registrar



# STATE OF MICHIGAN

PLACE OF DEATH

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

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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. Ellen L. Lingane

### PERSONAL AND STATISTICAL PARTICULARS

|  |                    |
|--|--------------------|
| SEX <u>Female</u>  | COLOR <u>White</u> |
| DATE OF BIRTH (Month) <u>Aug.</u> (Day) _____ (Year) <u>1843</u>   |                    |
| AGE <u>47</u> YEARS <u>5</u> MONTHS _____ DAYS   |                    |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</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>Ireland</u>   |                    |
| NAME OF FATHER <u>James Savage</u>   |                    |
| BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>   |                    |
| MAIDEN NAME OF MOTHER <u>Mary Mead</u>   |                    |
| BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>   |                    |
| OCCUPATION <u>Homewife</u>   |                    |

### MEDICAL CERTIFICATE OF DEATH

|   |
|---|
| DATE OF DEATH (Month) <u>Mar</u> (Day) <u>12</u> (Year) <u>1911</u> |
|---|

I HEREBY CERTIFY, That I attended deceased from Mar. 11 1911, to Mar. 12 1911, that I saw her alive on Mar. 12 1911, and that death occurred, on the date stated above, at 10 A. M.  
The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_

(Signed) Geo W Palmer M.D. (Address) Chesley Mich  
Mar. 13 1911

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>Mt. Olivet Cemetery</u> | DATE OF BURIAL <u>Mar. 15</u> 19 <u>11</u> |
| UNDERTAKER <u>J. Stiffan &amp; Son</u>                | ADDRESS <u>Chesley Mich</u>                |

Filed Mar. 20 1911 A TRUE COPY Paul D Bacon Registrar

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

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

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

MARGIN RESERVED FOR BINDING.



MARGIN RESERVED FOR BINDING.

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## PLACE OF DEATH

## STATE OF MICHIGAN

County of *Wayne*

Department of State—Division of Vital Statistics

Township of *Ypsanti*

## 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 *Athenia Elizabeth Brosamle*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Female*COLOR *White*

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

*66**7**0**0*

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)

*Germany*

NAME OF FATHER

*John Kiemer Schneider*

BIRTHPLACE OF FATHER (State or country)

*Germany*

MAIDEN NAME OF MOTHER

*Elizabeth Fieber*

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) *Mrs. Fred Kalmbach*(Address) *Chelsea, Mich.*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*April**16**1901*

I HEREBY CERTIFY, That I attended deceased from *Jan. 11* 1901, to *April 16* 1901, that I saw her alive on *Mar 4* 1901, and that death occurred, on the date stated above, at *7 P.M.* The CAUSE OF DEATH was as follows:

*Conzomia pectoris*

(DURATION) ..... DAYS

Contributory

*Arterio sclerosis coronary arteries*

(DURATION) ..... DAYS

(Signed)

*April 18 1901* (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

*Salem Mass. M.E.*

DATE OF BURIAL

*4-19**1901*

UNDERTAKER

*J. R. Maper*

ADDRESS

*Chelsea*

Filed

*April 21 1901*

A TRUE COPY

*Paul Bacon*

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. 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

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *white*

DATE OF BIRTH (Month) (Day) (Year)  
*Feb.* *12* *1899*

AGE *12* YEARS *5* MONTHS *9* 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 *July 12* 19*01*, to *July 22* 19*01*, that I saw her alive on *July 12* 19*01*, and that death occurred, on the date stated above, at *54* M.

The CAUSE OF DEATH was as follows:

*Valvular disease of heart*

Contributory

(Signed)

7/22 1901

(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

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Registrar

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## PLACE OF DEATH

County of *Washtenaw*Township of *Sylvan*

Village of

City of

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics  
TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTERRegistered 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 *Phas Leo O'Connor*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) *June* (Day) *23* (Year) *1905*

AGE *6* YEARS *2* MONTHS *11* 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)

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) *Nov* (Day) *4* (Year) *1911*

I HEREBY CERTIFY, That I attended deceased from *Nov. 4* 19*11*, to *Nov. 4* 19*11*, that I saw him *in bed* on *dead Nov. 4* 19*11*, and that death occurred, on the date stated above, at *6 P.* M.

The CAUSE OF DEATH was as follows:

*Was dead when I arrived said to have choked to death "natural causes".* (DURATION).....DAYS

Contributory

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

190 (Address) *Phelaea*

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. Sylvan* DATE OF BURIAL *Nov. 7* 19*11*

UNDER-TAKEN *C. J. Staffan & Son* ADDRESS *Phelaea*

Filed *Nov. 13* 19*11* A TRUE COPY *Saul O'Brien*

Registrar



## PLACE OF DEATH

County of Washtenaw  
 Township of Sylvan  
 Village of .....  
 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

Adelbert Wain

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Nov. (Day) 25 (Year) 1868

AGE 43 YEARS 0 MONTHS 21 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

X

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

Henry Wain

BIRTHPLACE OF FATHER (State or country)

New York

MAIDEN NAME OF MOTHER

Fella Watt

BIRTHPLACE OF MOTHER (State or country)

Michigan

OCCUPATION

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

(Informant)

Mrs. Carl Wotten

(Address)

Chelsea, Mich.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Dec (Day) 16 (Year) 1911

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1911, to Dec. 14 1911, that I saw him alive on Dec. 14 1911, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Contributory

(Signed)

Geo. W. Palmer (DURATION) ..... DAYS  
Chelsea 190 (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

German M. E.

DATE OF BURIAL

Dec. 12 1911

UNDERTAKER

S. A. Wapoo

ADDRESS

Chelsea

Filed

Dec 18 1911

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Registrar

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## PLACE OF DEATH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 81

[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 Christiana Koppe

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White  
 DATE OF BIRTH (Month) (Day) (Year)  
July 29 1829  
 AGE 82 YEARS 5 MONTHS 8 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)

Germany

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER (State or country)

Unknown

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)

August Koppe

(Address)

Pheloa, Mich.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
Jan. 6 1912

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1911, to Jan. 6 1912,  
 that I saw h. er alive on Jan 6 1912,  
 and that death occurred, on the date stated above, at 8 A. M.  
 The CAUSE OF DEATH was as follows:

Cerebral Apoplexy(DURATION) 21 DAYS

Contributory

(DURATION) \_\_\_\_\_ DAYS

(Signed)

L. G. Bash

M. D.

190 (Address)

Pheloa

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

German M.E.

DATE OF BURIAL

Jan. 9 1912

UNDERTAKER

S. A. Mapes

ADDRESS

Pheloa

Filed

Jan. 11 1912

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Paul O. Bacon

Registrar



# STATE OF MICHIGAN

PLACE OF DEATH

County of

*Washington*  
*Sylvan*

Township of

or Village of

City of

(No.

St;

Ward)

Registered No.

*82*

[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 Keelan*

## PERSONAL AND STATISTICAL PARTICULARS

SEX

*Male*

COLOR

*White*

DATE OF BIRTH

(Month)

(Day)

(Year)

*Aug*

*24*

*1851*

AGE

*60*

*5*

*14*

*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

*Barney Keelan*

BIRTHPLACE OF FATHER (State or country)

*Ireland*

MAIDEN NAME OF MOTHER

*Mary Dunning*

BIRTHPLACE OF MOTHER (State or country)

*Ireland*

OCCUPATION

*Farmer*

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

(Informant)

*Geo G. Shaffan*

(Address)

*Phoebe Mich*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*Feb*

*15*

*1902*

I HEREBY CERTIFY, That I attended deceased from *Feb 10* 1902, to *Feb 15* 1902, that I saw him alive on *Feb 15* 1902, and that death occurred, on the date stated above, at *2:45 P. M.*

The CAUSE OF DEATH was as follows:

*Broncho-Pneumonia*

Contributory

*Acute Bronchitis*

(Signed)

*Andrew Gulde*

*Apr 1 1902*

(Address) *Phoebe*

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

*St. Vincent Cemetery*

*Feb 17*

UNDERTAKER

ADDRESS

*J. Staffan & Son*

*Phoebe*

Filed

*Feb 24*

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*Phoebe Bacon*

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## PLACE OF DEATH

County of

Township of

or

Village of

or

City of

(No.

St.

Ward)

FULL NAME

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. **X 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.]

## PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

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 Jan 1 1902, to Mar. 28 1902, that I saw her alive on Mar. 28 1902, and that death occurred, on the date stated above, at 12 A.M. The CAUSE OF DEATH was as follows:

Carcinoma of Bladder  
(DURATION) 5 yrs

Contributory

(Signed)

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

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# STATE OF MICHIGAN

PLACE OF DEATH

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of

or

City of

Registered No. 424

(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 Jane Miller

### PERSONAL AND STATISTICAL PARTICULARS

|  |   |
|--|---|
| SEX <u>Female</u>  | COLOR <u>White</u>                                    |
| DATE OF BIRTH<br>(Month) <u>Oct</u><br>(Day) <u>29</u><br>(Year) <u>1851</u>   | AGE<br><u>60</u> YEARS <u>4</u> MONTHS <u>22</u> DAYS |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Married</u>  |   |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage _____ years<br>Parent of _____ children, of whom _____ are living                 |   |
| BIRTHPLACE (State or country)<br><u>Michigan</u>   |   |
| NAME OF FATHER<br><u>Michael Staphish</u>  |   |
| BIRTHPLACE OF FATHER (State or country)<br><u>Germany</u>  |   |
| MAIDEN NAME OF MOTHER<br><u>Mary Whitehead</u>   |   |
| BIRTHPLACE OF MOTHER (State or country)<br><u>N.Y.</u>   |   |
| OCCUPATION<br><u>Housewife</u>   |   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF<br><u>Geo. V. Staffan</u><br>(Informant)<br><u>Pheloa</u><br>(Address) |   |

### MEDICAL CERTIFICATE OF DEATH

|   |   |                 |                    |
|---|---|-----------------|--------------------|
| DATE OF DEATH   | (Month) <u>Mar.</u>                             | (Day) <u>21</u> | (Year) <u>1902</u> |
| I HEREBY CERTIFY, That I attended deceased from <u>Jan. 5</u> 19 <u>02</u> to <u>Mar. 21</u> 19 <u>02</u><br>that I saw her alive on _____, 19 <u>02</u> ,<br>and that death occurred, on the date stated above, at _____ M.<br>The CAUSE OF DEATH was as follows:<br><u>Apoplexy (Cerebral)</u><br><u>Chronic interstitial nephritis</u><br>Contributory<br><u>S.G. Bush</u><br>(Signed) _____ M. D.<br><u>Mar 22 1902</u> (Address) <u>Pheloa</u> |   |                 |                    |
| SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:<br>Former or usual residence _____ How long at place of death? _____ Days<br>Where was disease contracted, if not at place of death? _____  |   |                 |                    |
| PLACE OF BURIAL OR REMOVAL<br><u>Oak Grove, Pheloa</u>  | DATE OF BURIAL<br><u>Mar. 23</u> 19 <u>02</u>   |                 |                    |
| UNDERTAKER<br><u>Staffan &amp; Son</u>  | ADDRESS<br><u>Pheloa</u>                        |                 |                    |
| Filed<br><u>Mar 27 1902</u>   | A TRUE COPY<br><u>Pancos Bacon</u><br>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

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

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 April 15, 1902, to May 15, 1902, that I saw her alive on May 15, 1902, and that death occurred, on the date stated above, at..... M.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

May 16, 1902 (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

UNDEXTAKER

ADDRESS

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Registrar



County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of \_\_\_\_\_

Registered No. 6

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 Jane Kellos

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |
|--|---|
| SEX <u>Female</u>  | COLOR <u>White</u>                                    |
| DATE OF BIRTH<br>(Month) <u>February</u><br>(Day) <u>18</u><br>(Year) <u>1882</u>  | AGE<br><u>91</u> YEARS <u>3</u> MONTHS <u>10</u> DAYS |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>   |   |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage _____ years<br>Parent of _____ children, of whom _____ are living |   |
| BIRTHPLACE (State or country) <u>Scotland</u>  |   |
| NAME OF FATHER <u>Mr. Ross</u>   |   |
| BIRTHPLACE OF FATHER (State or country) <u>Scotland</u>  |   |
| MAIDEN NAME OF MOTHER <u>Unknown</u>   |   |
| BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>   |   |
| OCCUPATION <u>Housewife</u>  |   |

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

(Informant) Mrs. Phas. Hathaway(Address) Chelsea

## MEDICAL CERTIFICATE OF DEATH

|               |                    |                 |                    |
|---------------|--------------------|-----------------|--------------------|
| DATE OF DEATH | (Month) <u>May</u> | (Day) <u>27</u> | (Year) <u>1902</u> |
|---------------|--------------------|-----------------|--------------------|

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1902, to May 27 1902, that I saw h er alive on \_\_\_\_\_ 1902, and that death occurred, on the date stated above, at 119 M.

The CAUSE OF DEATH was as follows:

Cerebral Embolism  
Apoplexy

(DURATION) \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_

(DURATION) \_\_\_\_\_ DAYS

(Signed) S. G. Bush

M. D.

May 28 1902 (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 Vermont CemDATE OF BURIAL May 31 1902UNDERTAKER S. G. WaplesADDRESS ChelseaFiled June 3 1902

A TRUE COPY

Charles Bacon  
Registrar

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## PLACE OF DEATH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

Randolph H. Kruse

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White  
 DATE OF BIRTH (Month) (Day) (Year)  
Mar 23 1836  
 AGE  
76 YEARS 0 MONTHS 27 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)

Germany

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER (State or country)

Unknown

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

Unknown

OCCUPATION

Farmer

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

(Informant)

Mrs. R. H. Kruse

(Address)

Phelsea

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

April201902

I HEREBY CERTIFY, That I attended deceased from 190....., to 190.....,

that I saw him alive on April, 1902.

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

The CAUSE OF DEATH was as follows:

Bright's disease of kidney

(DURATION).....DAYS

Contributory

(DURATION).....DAYS

(Signed)

G. H. Palmer

M. D.

190 (Address)

Phelsea 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

TransiscoApr. 23 1902

Filed

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S. H. FosterGrand LakeAug 10 1902

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

or

City of

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

Paul Palmer Smalley

St. \_\_\_\_\_ Ward)

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)  
Aug 2 1912

AGE 4  
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)Michigan

NAME OF FATHER

Coleman F. SmalleyBIRTHPLACE OF FATHER  
(State or country)Ohio

MAIDEN NAME OF MOTHER

Rena L. ShreveBIRTHPLACE OF MOTHER  
(State or country)Ohio

OCCUPATION

Farmer

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

(Informant)

Coleman Smalley

(Address)

Phoebe

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
Aug 6 1912

I HEREBY CERTIFY, That I attended deceased from 190 \_\_\_\_\_, to \_\_\_\_\_, 190 \_\_\_\_\_,

that I saw h \_\_\_\_\_ alive on Aug 3, 190 2, and that death occurred, on the date stated above, at 46 M.

The CAUSE OF DEATH was as follows:

Unknown, Natural deathNo external causes

(DURATION) \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_

(DURATION) \_\_\_\_\_ DAYS

(Signed)

Edw. Palmer

M. D.

190 \_\_\_\_\_ (Address)

Phoebe

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

Sylvan Centre

DATE OF BURIAL

Aug 6190 2

UNDERTAKER

R. H. Foster

ADDRESS

Grand Lake

Filed

A TRUE COPY

Aug 10190 2Paul & Son

Registrar

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## PLACE OF DEATH

County of *Washtenaw*Township of *Sylvan*

Village of

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.]

FULL NAME

*David Blach*

(No.)

St.;

Ward)

## PERSONAL AND STATISTICAL PARTICULARS

SEX

*Male*

COLOR

*White*

DATE OF BIRTH

(Month)

(Day)

(Year)

*Oct**19**1854*

AGE

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

*Married*

AGE AT MARRIAGE, NUMBER OF CHILDREN

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

Parent of *2* children, of whom *2* are living

BIRTHPLACE (State or country)

*Utica, N.Y.*

NAME OF FATHER

*David Blach*

BIRTHPLACE OF FATHER (State or country)

*Germany*

MAIDEN NAME OF MOTHER

*Frederika Kech*

BIRTHPLACE OF MOTHER (State or country)

*Germany*

OCCUPATION

*Farmer*

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

(Informant)

*Geo. V. Shaffan*

(Address)

*Chelsea*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*Sept.**2**1912*

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:

*That said David Blach came to his death by hanging himself (Jury verdict)*

(DURATION)..... DAYS

Contributory

(SIGNED) *H. D. Withersall* M. D.*Sept 7 1912* (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 Cem**Sept. 4**1912*

UNDERTAKER

ADDRESS

*J. Shaffan & Son**Chelsea*

Filed

A TRUE COPY

*Sept. 13 1912**Paul O. Bacon*

Registrar



## PLACE OF DEATH —

County of *Washtenaw*Township of *Sylvan*

Village of \_\_\_\_\_

City of \_\_\_\_\_

FULL NAME

*Caroline Kalmbach*

(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.]

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *White*

DATE OF BIRTH (Month) *Dec.* (Day) *2* (Year) *1830*

AGE *82* YEARS *11* MONTHS *19* 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)

*Germany*

NAME OF FATHER

*Unknown*

BIRTHPLACE OF FATHER (State or country)

*Unknown*

MAIDEN NAME OF MOTHER

*Unknown*

BIRTHPLACE OF MOTHER (State or country)

*Unknown*

OCCUPATION

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

(Informant) *Mrs. Rika Kalmbach*(Address) *Phoebe*

## 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) *Nov.* (Day) *21* (Year) *1902*

I HEREBY CERTIFY, That I attended deceased from *Jan. 1* 1902, to *Nov. 21* 1902, that I saw her alive on *Nov. 21* 1902, and that death occurred, on the date stated above, at \_\_\_\_\_ M.

The CAUSE OF DEATH was as follows:

*Valvular disease of heart**26 years* (DURATION) \_\_\_\_\_ DAYSContributory *edema of lungs*(Signed) *S. G. Bush* M. D.*Nov. 22 1902* (Address) *Phoebe*

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

*Sylvan M.E. Cem.*

UNDERTAKER

*S. C. Waples*

DATE OF BURIAL

*Nov. 24*

ADDRESS

*Phoebe*

Filed

*Nov. 26**1902*

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*Paul O. Bacon*

Registrar

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## PLACE OF DEATH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## 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 James Beckwith

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White  
 DATE OF BIRTH (Month) Aug (Day) 2 (Year) 1833  
 AGE 79 YEARS 4 MONTHS 3 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)

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)

100. 16 1912

I HEREBY CERTIFY, That I attended deceased from Oct. 7 1912, to Oct. 7 1912, that I saw him alive on Oct. 7 1912, and that death occurred, on the date stated above, at 10 P. M.  
 The CAUSE OF DEATH was as follows:

Periculous Anemia  
 (DURATION) \_\_\_\_\_ DAYS

Contributory

(Signed)

Nov 17 1912 (Address) Pheloa

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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Dec. 5 1912 Staffan & Son Pheloa Mich.  
Paul & Bacon  
 Registrar

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## PLACE OF DEATH

County of

Township of

or

Village of

or

City of

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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.]

(No.

St;

Ward)

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 Jan. 1 1903, to Feb. 21 1903, that I saw him alive on Feb. 21 1903, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

Feb. 22 1903 (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

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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

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

George Nasser

## PERSONAL AND STATISTICAL PARTICULARS

|   |   |  |  |
|---|---|--|--|
| SEX<br><u>Male</u>  | COLOR<br><u>White</u>   |  |  |
| DATE OF BIRTH<br>(Month) <u>November</u> (Day) <u>25</u> (Year) <u>1850</u> | AGE<br><u>62</u> YEARS, <u>6</u> MONTHS, <u>21</u> DAYS   |  |  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Married</u>                     |   |  |  |
| AGE AT MARRIAGE, NUMBER OF CHILDREN   | If married, age at (first) marriage.....years<br>Parent of.....children, of whom.....are living |  |  |
| BIRTHPLACE (State or country)<br><u>Michigan</u>                            |   |  |  |
| NAME OF FATHER<br><u>Gotlieb Nasser</u>                                     |   |  |  |
| BIRTHPLACE OF FATHER (State or country)<br><u>Germany</u>                   |   |  |  |
| MAIDEN NAME OF MOTHER<br><u>Unknown</u>                                     |   |  |  |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Unknown</u>                   |   |  |  |
| OCCUPATION<br><u>Farmer</u>   |   |  |  |

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) <u>May</u> | (Day) <u>16</u> | (Year) <u>1903</u> |
|---------------|--------------------|-----------------|--------------------|

I HEREBY CERTIFY, That I attended deceased from April 18 1903, to May 14 1903, that I saw him alive on May 14 1903, and that death occurred, on the date stated above, at 5:20 M. The CAUSE OF DEATH was as follows:

Chronic intestinal nephritis  
(DURATION) Several days  
Contributory Heart decompensation  
(DURATION) ..... DAYS  
(Signed) M. H. Lake M. D.  
May 18 1903 (Address) Grass Lake

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 German M.E. DATE OF BURIAL May 18 1903UNDERTAKER L. A. Mages ADDRESS ChelseaFiled May 27 1903 A TRUE COPY N. L. Boyd Registrar



## PLACE OF DEATH

County of

Township of

or

Village of

or

City of

(No.

St;

Ward)

Registered No.

FULL NAME

## 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..... 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)

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1903, to May 17 1903, that I saw her alive on May 17 1903, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

May 19 1903 (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

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## PLACE OF DEATH

## STATE OF MICHIGAN

County of MacKenzie

Department of State—Division of Vital Statistics

Township of Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of .....

or .....

City of .....

(No. .... St.; .... Ward) Registered No. 21

FULL NAME

Babe Lesser (Still Born)

[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>June</u> | (Day) <u>23</u> | (Year) <u>1903</u> |
| AGE               | <u>Still Born</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)

Michigan

NAME OF FATHER

Emerson Lesser

BIRTHPLACE OF FATHER (State or country)

Michigan

MAIDEN NAME OF MOTHER

Inez Ward

BIRTHPLACE OF MOTHER (State or country)

Chelsea, Michigan

OCCUPATION

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

(Informant)

(Address)

E. A. WardChelsea, Mich

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

June 23 1903
I HEREBY CERTIFY, That I attended deceased from June 23 1903, to June 23 1903,that I saw her alive on June 23 1903,and that death occurred, on the date stated above, at 2 A. M.

The CAUSE OF DEATH was as follows:

Still Born  
 (DURATION)..... DAYS

Contributory

 (Signed) Andros G. L. M. D.  
June 24 1903 (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 Center Cem. June 24 1903

UNDERTAKER

ADDRESS

Stafford & Son Chelsea Mich

Filed

A TRUE COPY

June 24 1903 Harriet D. D.

Registrar



## PLACE OF DEATH

County of WashtenawTownship of Sylvanor  
Village of .....or  
City of .....

(No. .... St.; .... Ward)

FULL NAME Martha J. JonesRegistered 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 Female COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)  
March 3 1863AGE 50 YEARS 3 MONTHS 25 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED MarriedAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage ..... years  
Parent of ..... children, of whom ..... are livingBIRTHPLACE (State or country) CanadaNAME OF FATHER Thomas McCreeryBIRTHPLACE OF FATHER (State or country) CanadaMAIDEN NAME OF MOTHER Isabelle WilsonBIRTHPLACE OF MOTHER (State or country) ScotlandOCCUPATION Housewife

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

(Informant) Nelson J. Jones(Address) Chelsea

## 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)  
June 28 1903

I HEREBY CERTIFY, That I attended deceased from June 18 1903, to June 28, 1903, that I saw her alive on June 28, 1903, and that death occurred, on the date stated above, at 10:30 M.

The CAUSE OF DEATH was as follows:

Septic Peritonitis  
cause unknown

Contributory ..... (DURATION) ..... DAYS

(Signed) S. S. Bush M. D.729 1903 (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 Essex Canada DATE OF BURIAL June 30 1903UNDERTAKER S. A. Mapes ADDRESS Chelsea MichFiled June 29 1903 A TRUE COPY H. C. Boyd

Registrar

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| PLACE OF DEATH  |  | STATE OF MICHIGAN   |   |
|---|--|---|---|
| County of <i>Machtenaw</i>  | Department of State—Division of Vital Statistics   |   |   |
| Township of <i>Sylvan</i>   | TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER  |   |   |
| Village of  | Registered No. <i>6</i>  | [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.]   |   |
| City of   | (No. _____ St.; _____ Ward)  |   |   |
| FULL NAME <i>Stephen L. Gage</i>  |  |   |   |
| PERSONAL AND STATISTICAL PARTICULARS  |  | MEDICAL CERTIFICATE OF DEATH  |   |
| SEX <i>Male</i>   | COLOR <i>White</i>   | DATE OF DEATH (Month) <i>Sep.</i> (Day) <i>24</i> (Year) <i>1903</i>  |   |
| DATE OF BIRTH (Month) <i>Jan.</i> (Day) <i>26</i> (Year) <i>1844</i>                  | AGE <i>69</i> YEARS <i>7</i> MONTHS <i>28</i> DAYS   | I HEREBY CERTIFY, That I attended deceased from <i>1716</i> 190 <i>2</i> , to <i>Sep. 23</i> 190 <i>3</i> , that I saw him alive on <i>Sep. 23</i> 190 <i>3</i> , and that death occurred, on the date stated above, at <i>3 a.m.</i> |   |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widowed</i>                                  | AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living | The CAUSE OF DEATH was as follows:<br><i>Cerebral Apoplexy</i>  |   |
| BIRTHPLACE (State or country) <i>Michigan</i>   | NAME OF FATHER <i>Stephen Gage</i>   | (DURATION) _____ DAYS   |   |
| BIRTHPLACE OF FATHER (State or country) <i>New York</i>                               | MAIDEN NAME OF MOTHER <i>Mary Aldrich</i>  | Contributory _____ (DURATION) _____ DAYS  |   |
| BIRTHPLACE OF MOTHER (State or country) <i>New York</i>                               | OCCUPATION <i>Farmer</i>   | (Signed) <i>Andrew Goulder</i> M. D. <i>9/25/13</i> (Address) <i>Chelsea Mich</i>   |   |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF |  | SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:   |   |
| (Informant) <i>Harold Gage</i>  |  | Former or usual residence _____ How long at place of death? _____ Days  |   |
| (Address) <i>Chelsea Mich</i>   |  | Where was disease contracted, if not at place of death? _____   |   |
|   |  | PLACE OF BURIAL OR REMOVAL <i>Oak Grove</i>   | DATE OF BURIAL <i>Sep 26</i> 190 <i>3</i> |
|   |  | UNDERTAKER <i>J. A. Mapes</i>   | ADDRESS <i>Chelsea</i>                    |
|   |  | Filed <i>Sep 25</i> 190 <i>3</i>  | A TRUE COPY <i>A. H. Boyd</i>             |
|   |  |   | Registrar                                 |



PLACE OF DEATH  
County of *Washenaw*  
Township of *Sylvan*  
or  
Village of  
or  
City of

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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 *Ruth Bone*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *White*  
DATE OF BIRTH (Month) (Day) (Year)  
*Dec. 25, 1838*

AGE *74* YEARS, *10* MONTHS, *13* 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) *England*

NAME OF FATHER *John Trace*

BIRTHPLACE OF FATHER (State or country) *England*

MAIDEN NAME OF MOTHER *Jane Matthews*

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) *Mrs. Bone*

(Address) *Chelsea*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
*Nov. 8, 1903*

I HEREBY CERTIFY, That I attended deceased from *Nov. 2, 1903*, to *Nov. 8, 1903*, that I saw her alive on *Nov. 8, 1903*, and that death occurred, on the date stated above, at *10 a.m.*  
The CAUSE OF DEATH was as follows:

*Cancer of ascending colon*

(DURATION)..... DAYS

Contributory..... (DURATION)..... DAYS

(Signed) *Geo. W. Palmer* M. D.  
*Nov. 9, 1903* (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* DATE OF BURIAL *Nov. 11, 1903*

UNDERTAKER *J. A. Mapes* ADDRESS *Chelsea*

Filed *Nov. 11, 1903* A TRUE COPY *M. C. Boyd* Registrar

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MARGIN RESERVED FOR BINDING.

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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

or

Village of

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

## 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

that I saw him alive on

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

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

11/2 1903 (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

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Registrar



## PLACE OF DEATH

County of

Township of

or

Village of

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

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)

## 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)

I HEREBY CERTIFY, That I attended deceased from

Nov 8 1903, to Nov 16, 1903,

that I saw him alive on Nov 16, 1903,

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

The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION)..... DAYS

Contributory

(Signed)

Nov 7 1903 (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

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Registrar

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## PLACE OF DEATH

County of

Township of

or

Village of

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. 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

## 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 Nov 28 1903, to Nov 29 1903, that I saw him alive on Nov 29 1903, and that death occurred, on the date stated above, at..... M.

The CAUSE OF DEATH was as follows:

Contributory

(DURATION) 7 DAYS

(DURATION)..... DAYS

(Signed)

M. D.

Dec 7 1903 (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

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1903

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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.

(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 Aug 1, 1903, to Dec 24, 1903, that I saw him alive on Dec 24, 1903, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

12/24/1903 (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

1903

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## PLACE OF DEATH

County of

Township of

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 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)

## 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)

I HEREBY CERTIFY, That I attended deceased from March 4, 1904, to March 9, 1904, that I saw her alive on March 9, 1904, and that death occurred, on the date stated above, at 5 a. M.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

May 17, 1904

(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

UNDERTAKER

DATE OF BURIAL

ADDRESS

Filed

May 14, 1904

1904

A TRUE COPY

Registrar



# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County of Nashwan  
 Township of Sylvan  
 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 Mary Cordelia Salisbury

### PERSONAL AND STATISTICAL PARTICULARS

|  |                       |
|--|-----------------------|
| SEX<br><u>Female</u>   | COLOR<br><u>White</u> |
| DATE OF BIRTH<br>(Month) <u>Dec.</u> (Day) <u>28</u> (Year) <u>1841</u>  |                       |
| AGE<br><u>72</u> YEARS <u>3</u> MONTHS <u>7</u> DAYS   |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Married</u>  |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>{ If married, age at (first) marriage _____ years<br>Parent of _____ children, of whom _____ are living |                       |
| BIRTHPLACE (State or country)<br><u>Michigan</u>   |                       |
| NAME OF FATHER<br><u>Am Stephenson</u>   |                       |
| BIRTHPLACE OF FATHER (State or country)<br><u>New York</u>   |                       |
| MAIDEN NAME OF MOTHER<br><u>Louisa Campbell</u>  |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><u>New York</u>   |                       |
| OCCUPATION<br><u>Housewife</u>   |                       |

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

(Informant) Am Salisbury  
 (Address) Chelsea, Mich

### MEDICAL CERTIFICATE OF DEATH

|               |                      |                |                    |
|---------------|----------------------|----------------|--------------------|
| DATE OF DEATH | (Month) <u>April</u> | (Day) <u>5</u> | (Year) <u>1904</u> |
|---------------|----------------------|----------------|--------------------|

I HEREBY CERTIFY, That I attended deceased from March 15 1904, to Apr 5 1904, that I saw her alive on Apr 5 1904, and that death occurred, on the date stated above, at 4 p. M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis and gangrene of right arm

Contributory \_\_\_\_\_  
 (Signed) Geo. W. Palmer M. D.  
Apr 1904 (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 Sylvan Center DATE OF BURIAL Apr. 7 1904

UNDERTAKER S. D. Mapes ADDRESS Chelsea Mich

Filed Apr 7 1904 A TRUE COPY James E. Boyd 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

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 *Baby Hayley*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male*COLOR *White*

DATE OF BIRTH

(Month)

(Day)

(Year)

1

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 *Fred Hayley*

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER *Louisa Straub*

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

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

(Informant) *Fred Hayley*(Address) *Chelsea, Mich*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*May**6**1914*I HEREBY CERTIFY, That I attended deceased from *May 6* 190*14*, to *May 6* 190*14*that I saw h *alive* on *May 6* 190*14*and that death occurred, on the date stated above, at *4:35* M.

The CAUSE OF DEATH was as follows:

*Stillborn*

Contributory

(Signed) *Andrew S. Gilder* M. D.*May 7* 190*14* (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 Center**May 7* 190*14*

UNDERTAKER

ADDRESS

*J. S. Maper**Chelsea*

Filed

A TRUE COPY

*May 7* 190*14**J. S. Maper*

Registrar



# STATE OF MICHIGAN

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

Department of State—Division of Vital Statistics

## 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

Lewis A. Merker

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White  
DATE OF BIRTH (Month) Dec (Day) 7 (Year) 1857  
AGE 57 YEARS 7 MONTHS 6 DAYS  
SINGLE, MARRIED, WIDOWED, OR DIVORCED 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) Michigan

NAME OF FATHER John Geo Merker

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Lutz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farm Laborer

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

(Informant) John Merker  
(Address) Chelsea, Mich

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Aug (Day) 13 (Year) 1904

I HEREBY CERTIFY, That I attended deceased from Aug 8 1904, to Aug 13 1904, that I saw him alive on Aug 13 1904, and that death occurred, on the date stated above, at 3 p. M.

The CAUSE OF DEATH was as follows:

Cancer of Stomach

Contributory

(Signed) Geo W Palmer M. D.  
Aug 14 1904 (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. Oliv Cemetery DATE OF BURIAL Aug 17 1904

UNDERTAKER Staffan Son ADDRESS Chelsea

Filed Aug 30 1904 A TRUE COPY Harmon Boyd Registrar

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PLACE OF DEATH  
 County of *Washtenaw*  
 Township of *Shelby*  
 or  
 Village of  
 or  
 City of (No. St.; Ward) Registered No. *5*

# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

FULL NAME *Pacolo Noto*

[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 <i>Male</i>   | COLOR <i>White</i> |
| DATE OF BIRTH (Month) <i>Aug</i> (Day) (Year) <i>1887</i>   |                    |
| AGE <i>27</i> YEARS <i>1</i> MONTHS DAYS  |                    |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>   |                    |
| AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years. Parent of _____ children, of whom _____ are living |                    |
| BIRTHPLACE (State or country) <i>Italy</i>  |                    |
| NAME OF FATHER <i>John Noto</i>   |                    |
| BIRTHPLACE OF FATHER (State or country) <i>Italy</i>  |                    |
| MAIDEN NAME OF MOTHER <i>Mary Tellita</i>   |                    |
| BIRTHPLACE OF MOTHER (State or country) <i>Italy</i>  |                    |
| OCCUPATION <i>Merchant</i>  |                    |

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

(Informant) *E. Kodaco*(Address) *Chelsea Mich*

## MEDICAL CERTIFICATE OF DEATH

|   |
|---|
| DATE OF DEATH (Month) <i>October</i> (Day) <i>14</i> (Year) <i>1904</i> |
|---|

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 *5<sup>30</sup>* P. M.

The CAUSE OF DEATH was as follows:

*Pacolo Noto accidentally shot himself while hunting on October 14-1914.*

(DURATION) \_\_\_\_\_ DAYS  
 Contributory \_\_\_\_\_

(Signed) *H. W. Mitchell, Justice & Acting Coroner* M. D.

*Oct 16 1904* (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, Chelsea.* DATE OF BURIAL *Oct. 16* 190\_\_\_\_

UNDERTAKER *Staffan & Son* ADDRESS *Chelsea, Mich*

Filed *Oct. 19* 190\_\_\_\_ A TRUE COPY *Harvey Boyd* Registrar



County of Nashua  
 Township of Sylvan  
 or  
 Village of  
 or  
 City of

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

Emma Corbett Spaulding

## PERSONAL AND STATISTICAL PARTICULARS

|   |                       |
|---|-----------------------|
| SEX<br><u>Female</u>  | COLOR<br><u>White</u> |
| DATE OF BIRTH<br><u>June</u> (Month) <u>9</u> (Day) <u>1862</u> (Year)  |                       |
| AGE<br><u>52</u> YEARS <u>4</u> MONTHS <u>9</u> DAYS  |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Married</u>   |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage <u>~</u> years<br>Parent of <u>2</u> children, of whom <u>2</u> are living |                       |

|   |
|---|
| BIRTHPLACE (State or country)<br><u>Massachusetts</u>     |
| NAME OF FATHER<br><u>Unknown</u>                          |
| BIRTHPLACE OF FATHER (State or country)<br><u>Unknown</u> |
| MAIDEN NAME OF MOTHER<br><u>Unknown</u>                   |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Unknown</u> |
| OCCUPATION<br><u>Housewife</u>                            |

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

(Informant)

E. S. Spaulding  
Chelsea, Mich

(Address)

## MEDICAL CERTIFICATE OF DEATH

|  |
|--|
| DATE OF DEATH<br><u>October</u> (Month) <u>28</u> (Day) <u>1904</u> (Year)   |
| I HEREBY CERTIFY, That I attended deceased from <u>Oct. 28</u> <u>1904</u> to <u>Oct. 28</u> <u>1904</u> , that I saw her alive on <u>Oct. 28</u> <u>1904</u> , and that death occurred, on the date stated above, at <u>8 p.</u> M. |
| The CAUSE OF DEATH was as follows:<br><u>Cerebral Apoplexy</u>   |
| <u>3 1/2</u> hours (DURATION) DAYS   |
| Contributory   |
| (Signed) <u>W. Schmidt</u> M.D.<br><u>Oct. 31</u> <u>1904</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<br><u>Vermont Cemetery</u> | DATE OF BURIAL<br><u>Oct. 31</u> <u>1904</u>   |
| UNDERTAKER<br><u>J. A. Mapes, Chelsea</u>             | ADDRESS<br><u>Chelsea, Mich</u>                |
| Filed <u>Oct. 31</u> <u>1904</u>                      | A TRUE COPY<br><u>Thos. St. Boyd</u> Registrar |

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MARGIN RESERVED FOR BINDING.



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PLACE OF DEATH

County of *MacKenzie*  
Township of *Sylvan*  
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. *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

*Catherine Schmidt*

PERSONAL AND STATISTICAL PARTICULARS

|  |                       |
|--|-----------------------|
| SEX<br><i>Female</i>   | COLOR<br><i>White</i> |
| DATE OF BIRTH<br>(Month) <i>Nov.</i> (Day) <i>4</i> (Year) <i>1858</i>   |                       |
| AGE<br><i>56</i> YEARS <i>9</i> MONTHS _____ DAYS  |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><i>Married</i>  |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage _____ years<br>Parent of _____ children, of whom _____ are living |                       |
| BIRTHPLACE (State or country)<br><i>Germany</i>  |                       |
| NAME OF FATHER<br><i>Geo. A. Eckhardt</i>  |                       |
| BIRTHPLACE OF FATHER (State or country)<br><i>Germany</i>  |                       |
| MAIDEN NAME OF MOTHER<br><i>Anna C. Nild</i>   |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><i>Germany</i>  |                       |
| OCCUPATION<br><i>Housewife</i>   |                       |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  |                       |
| (Informant) <i>John Schmidt</i>  |                       |
| (Address) <i>Chelsea</i>   |                       |

MEDICAL CERTIFICATE OF DEATH

|  |  |
|--|--|
| DATE OF DEATH<br>(Month) <i>Nov.</i> (Day) <i>13</i> (Year) <i>1904</i>  |  |
| I HEREBY CERTIFY, That I attended deceased from <i>June 1</i> 190 <i>4</i> , to <i>Nov. 11</i> 190 <i>4</i> , that I saw her alive on <i>Nov. 11</i> 190 <i>4</i> , and that death occurred, on the date stated above, at _____ M. |  |
| The CAUSE OF DEATH was as follows:<br><i>Lympho Sarcoma</i>  |  |
| (DURATION) _____ DAYS  |  |
| Contributory _____ (DURATION) _____ DAYS   |  |
| (Signed) <i>H. W. Schmidt</i> M. D.<br><i>Nov. 14</i> 190 <i>4</i> (Address) <i>Chelsea Mich</i>   |  |
| SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:<br>Former or usual residence _____ How long at place of death? _____ Days<br>Where was disease contracted, if not at place of death? _____   |  |
| PLACE OF BURIAL OR REMOVAL<br><i>Chelsea Oak Grove</i>   | DATE OF BURIAL<br><i>Nov. 16</i> 190 <i>4</i>    |
| UNDERTAKER<br><i>Staffan Son</i>   | ADDRESS<br><i>Chelsea Mich</i>                   |
| Filed <i>Dec. 2</i> 190 <i>4</i>   | A TRUE COPY<br><i>James J. Ford</i><br>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 .....  
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 Margaret Smalley

## PERSONAL AND STATISTICAL PARTICULARS

|   |                       |
|---|-----------------------|
| SEX<br><u>Female</u>  | COLOR<br><u>White</u> |
| DATE OF BIRTH<br>(Month) <u>Oct.</u> (Day) <u>16</u> (Year) <u>1853</u> |                       |

AGE  
61 YEARS, 2 MONTHS, 9 DAYSSINGLE, 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) OhioNAME OF FATHER Joseph HiscupBIRTHPLACE OF FATHER  
(State or country) OhioMAIDEN NAME OF MOTHER Phoebe FrostBIRTHPLACE OF MOTHER  
(State or country) OhioOCCUPATION Housewife

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

(Informant) Agnes Smalley(Address) Chelsea, Mich.

## MEDICAL CERTIFICATE OF DEATH

|                             |         |           |             |
|-----------------------------|---------|-----------|-------------|
| DATE OF DEATH<br><u>Dec</u> | (Month) | (Day)     | (Year)      |
|                             |         | <u>25</u> | <u>1904</u> |

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1904, to Dec 25, 1904, that I saw her alive on Dec 25, 1904, and that death occurred, on the date stated above, at 8 P. M.  
 The CAUSE OF DEATH was as follows:

Chronic Intestinal Nephritis  
 (DURATION) ..... DAYS

Contributory .....  
 (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<br><u>Sylvan Center</u> | DATE OF BURIAL<br><u>Dec 28</u> 190 <u>4</u> |
| UNDERTAKER<br><u>Geo. W. Foster</u>                | ADDRESS<br><u>Grass Lake</u>                 |

Filed Jan 2 1904

A TRUE COPY

Registrar McPoy

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PLACE OF DEATH

County of Washtenaw  
Township of Sylvan  
or  
Village of .....  
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.]

(This was never given in No. by physician St.; ..... Ward)

FULL NAME Stillborn & Unnamed

PERSONAL AND STATISTICAL PARTICULARS

|   |  |
|---|--|
| SEX<br><u>Female</u>  | COLOR<br><u>White</u>                          |
| DATE OF BIRTH<br><u>April</u>   | (Month) (Day) (Year)<br><u>6</u> , <u>1915</u> |
| AGE<br>..... YEARS..... MONTHS..... DAYS  |  |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Stillborn</u>   |  |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage..... years<br>Parent of..... children, of whom..... are living |  |
| BIRTHPLACE (State or country)<br><u>Sylvan Tp, Washtenaw Co.</u>  |  |
| NAME OF FATHER<br><u>Samuel T. Stadel</u>   |  |
| BIRTHPLACE OF FATHER (State or country)<br><u>Waterloo Tp. Jackson Co.</u>  |  |
| MAIDEN NAME OF MOTHER<br><u>Mary M. Werth</u>   |  |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Ymloy City, Mich.</u>   |  |
| OCCUPATION<br><u>Farmer</u>   |  |

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)<br><u>April</u> | (Day)<br><u>6</u> | (Year)<br><u>1915</u> |
|---------------|-------------------------|-------------------|-----------------------|

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:  
Stillborn

..... (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<br>..... 190..... |
| UNDERTAKER                 | ADDRESS                          |

Filed Apr 9 - 1915 Ruth Bacon  
Registrar



## PLACE OF DEATH

## STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Lyndon

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of .....

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

Celia Hickey

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)  
June 22 1884

AGE 31 YEARS, 1 MONTHS, 15 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)

Mich.

NAME OF FATHER

Jas. Burch

BIRTHPLACE OF FATHER (State or country)

Mich.

MAIDEN NAME OF MOTHER

Celia Graham

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)

Pat Hickey

(Address)

Chelsea, Mich.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
Aug 7 1915

I HEREBY CERTIFY, That I attended deceased from July 3 - 1915, to Aug 7 - 1915, that I saw her alive on Aug 7, 1915, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH was as follows:

Heart Disease

(DURATION)..... DAYS

Contributory .....

(DURATION)..... DAYS

(Signed)

Geo. W. Palmer

M. D.

Aug 8 - 1915

(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 Cemetery, Chelsea

DATE OF BURIAL

Aug 11 - 1915

UNDERTAKER

Geo. P. Staffan

ADDRESS

Chelsea, Mich.

Filed

Sept 4 - 1915

A TRUE COPY

Paul O. Bacon

R. B.

Registrar

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## PLACE OF DEATH

County of Washtenaw  
 Township of Lyndon  
 or  
 Village of \_\_\_\_\_  
 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 Mott Franklin

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White  
 DATE OF BIRTH (Month) (Day) (Year)  
Aug. 26 1860  
 AGE  
55 YEARS — MONTHS — 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

Henry B. Franklin

BIRTHPLACE OF FATHER (State or country)

New York

MAIDEN NAME OF MOTHER

Lydia Russel

BIRTHPLACE OF MOTHER (State or country)

New York

OCCUPATION

Farmer

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)  
Aug. 27 1905

I HEREBY CERTIFY, That I attended deceased from Aug. 4 1905, to Aug. 19 1905, that I saw him alive on Aug. 19 1905, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

Metastatic Carcinoma of the liver.

(DURATION) \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_

(DURATION) \_\_\_\_\_ DAYS

(Signed)

Geo. W. Palmer

M. D.

Aug. 29, 1905 (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  
Sylvan Center Chelsea P.O.  
Cemetery Mich.

DATE OF BURIAL

Aug. 30 1905

ADDRESS

Chelsea, Mich.

UNDERTAKER

Geo. P. Staffan

Filed

Sept. 4 - 1905

TRUE COPY

Paul O. Bacon

Registrar

R. B.



## PLACE OF DEATH

## STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan  
orVillage of  
or

City of

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

Grimes

## PERSONAL AND STATISTICAL PARTICULARS

|   |   |       |        |
|---|---|-------|--------|
| SEX                                     | Male  |       |        |
| COLOR                                   | White   |       |        |
| DATE OF BIRTH                           | (Month)   | (Day) | (Year) |
|   | Sept.   | 16    | 1915   |
| AGE                                     | YEARS, MONTHS, <u>Half</u> DAYS   |       |        |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED   |   |       |        |
| AGE AT MARRIAGE, NUMBER OF CHILDREN     | { If married, age at (first) marriage _____ years<br>Parent of _____ children, of whom _____ are living |       |        |
| BIRTHPLACE (State or country)           | <u>Sylvan Twp., Mich.</u>   |       |        |
| NAME OF FATHER                          | <u>David Grimes</u>   |       |        |
| BIRTHPLACE OF FATHER (State or country) | <u>Waterloo, Mich.</u>  |       |        |
| MAIDEN NAME OF MOTHER                   | <u>Lola Sofa</u>  |       |        |
| BIRTHPLACE OF MOTHER (State or country) | <u>Leoni Twp.</u>   |       |        |
| OCCUPATION                              |   |       |        |

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

(Informant)

Geo W Palmer

(Address)

Chelsea, Mich.

## MEDICAL CERTIFICATE OF DEATH

|   |         |                                  |        |
|---|---------|----------------------------------|--------|
| DATE OF DEATH   | (Month) | (Day)                            | (Year) |
|   | Sept.   | 16                               | 1915   |
| I HEREBY CERTIFY, That I attended deceased from <u>Sept 16 1915</u> , to <u>Sept 16 1915</u> , that I saw him alive on <u>Sept 16 1915</u> , and that death occurred, on the date stated above, at <u>5 P. M.</u> |         |                                  |        |
| The CAUSE OF DEATH was as follows:<br><u>Premature Birth</u><br><u>Cause unknown</u>  |         |                                  |        |
| Contributory  |         | (DURATION)                       | DAYS   |
|   |         | (DURATION)                       | DAYS   |
| (Signed) <u>Geo W. Palmer</u>   |         | M. D.                            |        |
| <u>Sept 17 1915</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  |         | DATE OF BURIAL                   |        |
|   |         | 190                              |        |
| UNDERTAKER  |         | ADDRESS                          |        |
|   |         |                                  |        |

Filed

Sept 22-1915

A TRUE COPY

Paul O Bacon

Registrar

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PLACE OF DEATH

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered 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.]

FULL NAME John Benson (or Brenson)

PERSONAL AND STATISTICAL PARTICULARS

|   |                                |
|---|--------------------------------|
| SEX<br><u>Male</u>  | COLOR<br><u>White</u>          |
| DATE OF BIRTH<br>(Month) (Day) (Year)<br>1  | AGE<br>- YEARS - MONTHS - DAYS |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Don't Know</u>  |                                |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage..... years<br>Parent of..... children, of whom..... are living |                                |
| BIRTHPLACE (State or country)<br><u>Don't Know</u>  |                                |
| NAME OF FATHER<br><u>Don't Know</u>   |                                |
| BIRTHPLACE OF FATHER (State or country)<br><u>Don't Know</u>  |                                |
| MAIDEN NAME OF MOTHER<br><u>Don't Know</u>  |                                |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Don't Know</u>  |                                |
| OCCUPATION<br><u>Day Laborer on Farm</u>  |                                |

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

(Informant) Peter Liebeck  
(Address) Chelsea, Mich.

MEDICAL CERTIFICATE OF DEATH

|               |                            |                   |                       |
|---------------|----------------------------|-------------------|-----------------------|
| DATE OF DEATH | (Month)<br><u>December</u> | (Day)<br><u>4</u> | (Year)<br><u>1905</u> |
|---------------|----------------------------|-------------------|-----------------------|

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 5 P. M.  
The CAUSE OF DEATH was as follows:

Apoplexy

Contributory.....

(Signed) H. D. Witherell, Justice of Peace M. D.  
Dec 7, 1905 (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<br><u>Body held for identification</u> | DATE OF BURIAL<br>..... 190.....                |
| UNDERTAKER<br><u>Geo. P. Staffan</u>                              | ADDRESS<br><u>Chelsea, Mich.</u>                |
| Filed<br><u>Jan 3 1905</u>  | A TRUE COPY<br><u>Paul O Bacon</u><br>Registrar |

Body will be taken to U. of M. if not claimed -



## 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

Village of .....

Registered No. 1

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 George Harold Burgess

## PERSONAL AND STATISTICAL PARTICULARS

|  |                       |
|--|-----------------------|
| SEX<br><u>Male</u>   | COLOR<br><u>White</u> |
| DATE OF BIRTH<br>(Month) <u>October</u> (Day) <u>31</u> (Year) <u>1915</u> |                       |

AGE  
..... YEARS 2 MONTHS 26 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) Michigan

NAME OF FATHER Geo. Burgess

BIRTHPLACE OF FATHER  
(State or country) Michigan

MAIDEN NAME OF MOTHER Oneila Gage

BIRTHPLACE OF MOTHER  
(State or country) Michigan

OCCUPATION

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

(Informant) Mrs. Geo. Burgess

(Address) Chelsea, Mich.

## MEDICAL CERTIFICATE OF DEATH

|               |                        |                 |                    |
|---------------|------------------------|-----------------|--------------------|
| DATE OF DEATH | (Month) <u>January</u> | (Day) <u>27</u> | (Year) <u>1946</u> |
|---------------|------------------------|-----------------|--------------------|

I HEREBY CERTIFY, That I attended deceased from  
No physicians in attendance  
 that I saw him ..... alive on ..... 190 .....  
 and that death occurred, on the date stated above, at about 7 A. M.

The CAUSE OF DEATH was as follows:

Probably hypertrophy thymus gland

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

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

Jan. 28 1946 (Address) Health Officer, Sylvan Twp.

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<br><u>Sylvan Center</u> | DATE OF BURIAL<br><u>Jan. 29 1946</u> |
|--|---------------------------------------|

|                                  |                           |
|----------------------------------|---------------------------|
| UNDERTAKER<br><u>S. A. Maher</u> | ADDRESS<br><u>Chelsea</u> |
|----------------------------------|---------------------------|

Filed Jan. 29 1946 A TRUE COPY Paul G. Bacon Registrar

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

MARGIN RESERVED FOR BINDING.



## PLACE OF DEATH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of .....  
 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 Ella Danison

## PERSONAL AND STATISTICAL PARTICULARS

|   |                       |
|---|-----------------------|
| SEX<br><u>Female</u>  | COLOR<br><u>White</u> |
| DATE OF BIRTH<br><u>December</u> (Month) <u>18</u> (Day) <u>1867</u> (Year)   |                       |
| AGE<br><u>45</u> YEARS, <u>2</u> MONTHS, <u>1</u> DAYS  |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Married</u>   |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>{ If married, age at (first) marriage..... years<br>{ Parent of..... children, of whom..... are living |                       |
| BIRTHPLACE (State or country)<br><u>Ohio</u>  |                       |
| NAME OF FATHER<br><u>Unknown</u>  |                       |
| BIRTHPLACE OF FATHER (State or country)<br><u>Unknown</u>   |                       |
| MAIDEN NAME OF MOTHER<br><u>Unknown</u>   |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Unknown</u>   |                       |
| OCCUPATION<br><u>Housewife</u>  |                       |

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

(Informant) Mr. Danison  
 (Address) Sylvan Twp.

## MEDICAL CERTIFICATE OF DEATH

|               |                            |                    |                       |
|---------------|----------------------------|--------------------|-----------------------|
| DATE OF DEATH | (Month)<br><u>February</u> | (Day)<br><u>19</u> | (Year)<br><u>1916</u> |
|---------------|----------------------------|--------------------|-----------------------|

I HEREBY CERTIFY, That I attended deceased from Dec. 1915, to Feb. 19, 1916, that I saw her alive on Feb. 14th, 1916, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows:

Mildal Insufficiency  
with Myocarditis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Dr. J. J. Woods M. D.  
Feb. 21 1916 (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<br><u>Grass Lake</u> | DATE OF BURIAL<br><u>Feb. 22 - 1916</u> |
| UNDERTAKER<br><u>S. A. Mapes</u>                | ADDRESS<br><u>Chelsea</u>               |

Filed Feb. 22 - 1916 A TRUE COPY Paul O. Bacon  
P.B. Registrar



## PLACE OF DEATH

## STATE OF MICHIGAN

County of Washington

Department of State—Division of Vital Statistics

Township of Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of \_\_\_\_\_  
or \_\_\_\_\_Registered No. 3

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 Mary Elizabeth Leach

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)  
Sept. 19 1846

DATE OF DEATH (Month) (Day) (Year)  
Feb. 23 1916

AGE 69 YEARS 5 MONTHS 3 DAYS

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1915, to Feb. 23 1916, that I saw h \_\_\_\_\_ alive on \_\_\_\_\_, 1916, and that death occurred, on the date stated above, at \_\_\_\_\_ M.

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

The CAUSE OF DEATH was as follows:

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

Cancer of the Uicera  
Just below Stomach

BIRTHPLACE (State or country)

New York

NAME OF FATHER

Alonso Goodyear

BIRTHPLACE OF FATHER (State or country)

Connecticut

MAIDEN NAME OF MOTHER

Mary Branch

BIRTHPLACE OF MOTHER (State or country)

Connecticut

OCCUPATION

Housewife

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

(DURATION) \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_

(DURATION) \_\_\_\_\_ DAYS

(Signed) Geo. W. Palmer M. D.Feb. 24 1916 (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

Feb. 25 1916

UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea

(Informant) J. H. Leach  
(Address) Chelsea, Mich.

Filed

Mar. 11 1916

A TRUE COPY

Paul O. Bacon  
Regist. B. Registrar

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PLACE OF DEATH

County of Washtenaw

Township of Sylvan

Village of \_\_\_\_\_

City of \_\_\_\_\_

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered 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.]

FULL NAME Baby Floyd

PERSONAL AND STATISTICAL PARTICULARS

|  |                       |
|--|-----------------------|
| SEX<br><u>Male</u>   | COLOR<br><u>White</u> |
| DATE OF BIRTH<br>(Month) <u>March</u> (Day) <u>8</u> (Year) <u>1916</u>  |                       |
| AGE<br><u>Still Born</u>   |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED  |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>{ If married, age at (first) marriage.....years<br>{ Parent of.....children, of whom.....are living |                       |
| BIRTHPLACE (State or country)<br><u>Michigan</u>   |                       |
| NAME OF FATHER<br><u>Olivier Floyd</u>   |                       |
| BIRTHPLACE OF FATHER (State or country)<br><u>Tennessee</u>  |                       |
| MAIDEN NAME OF MOTHER<br><u>Allie Guthrie</u>  |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Michigan</u>   |                       |
| OCCUPATION   |                       |

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

(Informant) G. P. Staffan  
(Address) Chelsea, Mich.

MEDICAL CERTIFICATE OF DEATH

|               |                      |                |                    |
|---------------|----------------------|----------------|--------------------|
| DATE OF DEATH | (Month) <u>March</u> | (Day) <u>8</u> | (Year) <u>1916</u> |
|---------------|----------------------|----------------|--------------------|

I HEREBY CERTIFY, That I attended deceased from March 8 1916, to March 8 1916, that I saw him alive on March 8 1916, and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Asphyxia caused by foot presentation and pressure on cord.

Contributory

(Signed) Geo. W. Palmer M. D.  
Mar. 11 1916 (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<br><u>Sylvan Cem. Chelsea P.O.</u> | DATE OF BURIAL<br><u>Mar. 9 1916</u>                  |
| UNDERTAKER<br><u>Geo. P. Staffan</u>                          | ADDRESS<br><u>Chelsea, Mich.</u>                      |
| Filed <u>April 4 1916</u>                                     | A TRUE COPY<br><u>Paul O. Bacon</u><br>R.B. Registrar |



## PLACE OF DEATH

## STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan  
or

Village of .....

or

City of .....

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

Thomas M: Kone

(No. .... St.; .... Ward)

## PERSONAL AND STATISTICAL PARTICULARS

|   |                         |                    |                       |
|---|-------------------------|--------------------|-----------------------|
| SEX<br><u>Male</u>  | COLOR<br><u>White</u>   |                    |                       |
| DATE OF BIRTH   | (Month)<br><u>Sept.</u> | (Day)<br><u>31</u> | (Year)<br><u>1845</u> |
| AGE   | <u>71</u>               | <u>6</u>           | <u>2</u>              |
| YEARS MONTHS DAYS   |                         |                    |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Widowed</u>   |                         |                    |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>{ If married, age at (first) marriage..... years<br>Parent of ..... children, of whom ..... are living |                         |                    |                       |
| BIRTHPLACE (State or country)<br><u>Michigan</u>  |                         |                    |                       |
| NAME OF FATHER<br><u>Timothy M: Kone</u>  |                         |                    |                       |
| BIRTHPLACE OF FATHER (State or country)<br><u>Ireland</u>   |                         |                    |                       |
| MAIDEN NAME OF MOTHER<br><u>Winifred M: Kone</u>  |                         |                    |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Ireland</u>   |                         |                    |                       |
| OCCUPATION<br><u>Farm Laborer (Day)</u>   |                         |                    |                       |

## MEDICAL CERTIFICATE OF DEATH

|               |                         |                    |                       |
|---------------|-------------------------|--------------------|-----------------------|
| DATE OF DEATH | (Month)<br><u>March</u> | (Day)<br><u>22</u> | (Year)<br><u>1906</u> |
|---------------|-------------------------|--------------------|-----------------------|

I HEREBY CERTIFY, That I attended deceased from Mar. 17 1906, to Mar. 21 1906, that I saw him alive on Mar. 21 1906, and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH was as follows:

Mitral Insufficiency

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed)

J. T. Woods

M. D.

Mar. 24 1906 (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<br><u>Sylvan Cath. Cem.</u> | DATE OF BURIAL<br><u>Mar. 27</u> 190 <u>6</u>          |
| UNDERTAKER<br><u>Geo. P. Staffan</u>                   | ADDRESS<br><u>Chelsea, Mich.</u>                       |
| Filed<br><u>April 4</u> 190 <u>6</u>                   | A TRUE COPY<br><u>Paul O. Bacon</u><br>R. O. Registrar |

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

(Informant) Lillian M: Kone(Address) Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING.



## PLACE OF DEATH

County of

Township of

or

Village of

or

City of

## STATE OF MICHIGAN

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

Ellen Daley

(No. ....)

St.;

Ward)

## PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

March

24

1833

AGE

83

YEARS

0

MONTHS

22

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)

Ireland

NAME OF FATHER

Dennis Donovan

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Mary Melby

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)

Nora Daley

(Address)

Chelsea

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

April

15

1906

I HEREBY CERTIFY, That I attended deceased from March 24, 1906, to March 24, 1906, that I saw him alive on March 24, 1906, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease  
Arteriosclerosis

(DURATION)..... DAYS

Contributory .....

(DURATION)..... DAYS

(Signed)

Andros Gulde

M. D.

April 16, 1906 (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 Chelsea

DATE OF BURIAL

April 18, 1906

UNDERTAKER

Bro. Staffan

ADDRESS

Chelsea Mich.

FILED

May 3, 1906

A TRUE COPY

Fred Bronsma

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. 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

Ella Keelan

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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)

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

that I saw her alive on

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

The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

(DURATION)..... DAYS

Contributory

(DURATION)..... DAYS

(Signed)

Andrew Guldre

M.D.

(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.

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

## PLACE OF DEATH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of \_\_\_\_\_  
 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 Arthur Chapman

## PERSONAL AND STATISTICAL PARTICULARS

|   |   |
|---|---|
| SEX <u>Male</u>                                       | COLOR <u>White</u>  |
| DATE OF BIRTH <u>8 Nov. 8 1861</u>                    | (Month) (Day) (Year)  |
| AGE <u>74</u> YEARS <u>6</u> MONTHS _____ DAYS        |   |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>  |   |
| AGE AT MARRIAGE, NUMBER OF CHILDREN                   | { If married, age at (first) marriage _____ years<br>Parent of _____ children, of whom _____ are living |
| BIRTHPLACE (State or country) <u>U.S.C.</u>           |   |
| NAME OF FATHER <u>Garrett Chapman</u>                 |   |
| BIRTHPLACE OF FATHER (State or country) <u>U.S.C.</u> |   |
| MAIDEN NAME OF MOTHER <u>Maria Durand</u>             |   |
| BIRTHPLACE OF MOTHER (State or country) <u>U.S.C.</u> |   |
| OCCUPATION  |   |

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

(Informant) Geo. Chapman  
 (Address) Chelrea Mich

## MEDICAL CERTIFICATE OF DEATH

|               |                    |                |                    |
|---------------|--------------------|----------------|--------------------|
| DATE OF DEATH | (Month) <u>May</u> | (Day) <u>8</u> | (Year) <u>1906</u> |
|---------------|--------------------|----------------|--------------------|

I HEREBY CERTIFY, That I attended deceased from May 2 1906, to May 8 1906, that I saw him alive on May 8 1906, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH was as follows:

Cerebral coma of Stomach

(DURATION) \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_

(Duration) \_\_\_\_\_ DAYS

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

May 10 1906 (Address) Chelrea 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 Vermont Cem. Chelrea DATE OF BURIAL May 11 1906

UNDERTAKER Geo. Stappan ADDRESS Chelrea Mich

Filed June 5 1906 W. Broersma Registrar

6.30 P.M.



## 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

Village of .....

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 George Fitzgibbons

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)  
Dec. 1 1891

AGE 24 YEARS 6 MONTHS 16 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)

Ireland

NAME OF FATHER

James Fitzgibbon

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Johanna Jayer

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

Breweryman Megan works

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

(Informant)

Marie Fitzgibbons

(Address)

560 Crawford Detroit

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

June171916

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 Train on M.C.R.R. About 6 Miles West of Chelsea

(DURATION) ..... DAYS

Contributory

No Inquest

(Signed)

H. S. Mithrall Justice Peace Acting coroner Chelsea Mich.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

Holy Cross Detroit Mich.June 201916

UNDERTAKER

ADDRESS

W. J. Hildrick689 Mc Kimstry Detroit

Filed

Jun 3 1916

TRUE COPY

Wm. B. Brounck

Registrar

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Form 93-2-10-100 Rev. 100 Pages.



PLACE OF DEATH

County of Washtenaw  
Township of Sylvan  
or  
Village of \_\_\_\_\_  
or  
City of \_\_\_\_\_

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

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

Jacob S. Haarschwardt

PERSONAL AND STATISTICAL PARTICULARS

|   |                       |                    |                       |
|---|-----------------------|--------------------|-----------------------|
| SEX<br><u>Male</u>  | COLOR<br><u>White</u> |                    |                       |
| DATE OF BIRTH   | (Month)<br><u>Jan</u> | (Day)<br><u>25</u> | (Year)<br><u>1898</u> |
| AGE<br><u>24</u> YEARS <u>6</u> MONTHS <u>19</u> DAYS   |                       |                    |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Single</u>  |                       |                    |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage.....years<br>Parent of .....children, of whom.....are living |                       |                    |                       |
| BIRTHPLACE (State or country)<br><u>Michigan</u>  |                       |                    |                       |
| NAME OF FATHER<br><u>Conrad Haarschwardt</u>  |                       |                    |                       |
| BIRTHPLACE OF FATHER (State or country)<br><u>Germany</u>   |                       |                    |                       |
| MAIDEN NAME OF MOTHER<br><u>Louise Schiffler</u>  |                       |                    |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Germany</u>   |                       |                    |                       |
| OCCUPATION<br><u>Farm Laborer</u>   |                       |                    |                       |

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

(Informant)

(Address)

C. Haarschwardt  
R.D. Chelsea

MEDICAL CERTIFICATE OF DEATH

|               |                        |                    |                       |
|---------------|------------------------|--------------------|-----------------------|
| DATE OF DEATH | (Month)<br><u>Aug.</u> | (Day)<br><u>13</u> | (Year)<br><u>1916</u> |
|---------------|------------------------|--------------------|-----------------------|

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 Michigan Central  
Train Aug. 13-1916  
Ingust held

(DURATION).....DAYS

Contributory.....

(DURATION).....DAYS

(Signed) William Bacon Justice of the Peace  
Aug. 14 1916 (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<br><u>Sharon bet Sharon Pwp</u> | DATE OF BURIAL<br><u>Aug. 16</u> 19 <u>16</u> |
| UNDERTAKER<br><u>P. Stoffan &amp; Son</u>                  | ADDRESS<br><u>Chelsea Mich</u>                |

Filed Sept. 1 1906 TRUE COPY  
Fred L. Brown Registrar

10.00 C.M.



## PLACE OF DEATH

## STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 11

or

Village of

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

## 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:

Killed by Michigan Central  
Train Aug. 13-1916  
Inquest held

(DURATION)..... DAYS

Contributory.....

(DURATION)..... DAYS

(Signed)

William B. Bean Justice of the Peace  
Aug 14 1916 (Address) Chelsea  
Twp. of Sylvan

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

1906

A TRUE COPY

Registrar

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PLACE OF DEATH

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

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.]

FULL NAME

Willis Smalley

PERSONAL AND STATISTICAL PARTICULARS

|   |                       |
|---|-----------------------|
| SEX<br><u>Male</u>  | COLOR<br><u>White</u> |
| DATE OF BIRTH<br>(Month) <u>Feb.</u> (Day) <u>9</u> (Year) <u>1853</u>  |                       |
| AGE<br><u>62</u> YEARS <u>8</u> MONTHS <u>8</u> DAYS  |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Widowed</u>   |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage..... years<br>Parent of ..... children, of whom ..... are living |                       |
| BIRTHPLACE (State or country)<br><u>Ohio</u>  |                       |
| NAME OF FATHER<br><u>Joe Smalley</u>  |                       |
| BIRTHPLACE OF FATHER (State or country)<br><u>Ohio</u>  |                       |
| MAIDEN NAME OF MOTHER<br><u>Miss Westcomb</u>   |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Ohio</u>  |                       |
| OCCUPATION<br><u>Farmer</u>   |                       |

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

(Informant)

(Address)

Mr. Lynn Kern  
Chelara Mich.

MEDICAL CERTIFICATE OF DEATH

|               |                    |                 |                    |
|---------------|--------------------|-----------------|--------------------|
| DATE OF DEATH | (Month) <u>Oct</u> | (Day) <u>17</u> | (Year) <u>1916</u> |
|---------------|--------------------|-----------------|--------------------|

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1916, to Oct 14 1916, that I saw him alive on Oct 14 1916, and that death occurred, on the date stated above, at 6 P. M.  
The CAUSE OF DEATH was as follows:

Myocarditis

Contributory

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

Oct. 20 1916 (Address) Chelara 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 Center

Oct. 20 1916

UNDERTAKER

ADDRESS

L. W. Palmer

Grand Lake

Filed

A TRUE COPY

Nov. 4 1916 Fred L. Brossam

Registrar



## PLACE OF DEATH

## STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan  
orVillage of \_\_\_\_\_  
or

City of \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

Michael Schenk

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) May (Day) 10 (Year) 1834

AGE 84 YEARS 5 MONTHS 27 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)

Germany

NAME OF FATHER

John Schenk

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Regina Ulrich

BIRTHPLACE OF MOTHER (State or country)

Germany

OCCUPATION

Farmer

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

(Informant)

Mrs. Michael Schenk

(Address)

Chelsea

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Nov.71916

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1916, to Nov. 7 1916, that I saw him alive on Nov. 7 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis with uraemia

(DURATION) \_\_\_\_\_ DAYS

Contributory \_\_\_\_\_

(DURATION) \_\_\_\_\_ DAYS

(Signed)

Geo. W. Palmer

M. D.

Nov. 8, 1916 (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 Gr. ME. Co.Nov. 10 1916

UNDERTAKER

ADDRESS

S. C. MapleChelsea

Filed

A TRUE COPY

Nov. 12 1916 P. B. Brommle

Registrar

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MARGIN RESERVED FOR BINDING.

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PLACE OF DEATH

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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 Genevieve Weber

PERSONAL AND STATISTICAL PARTICULARS

|   |                        |                   |                       |
|---|------------------------|-------------------|-----------------------|
| SEX<br><u>Female</u>  | COLOR<br><u>White</u>  |                   |                       |
| DATE OF BIRTH   | (Month)<br><u>Nov.</u> | (Day)<br><u>3</u> | (Year)<br><u>1818</u> |
| AGE<br><u>98</u> YEARS <u>2</u> MONTHS <u>18</u> DAYS   |                        |                   |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Widowed</u>   |                        |                   |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage..... years<br>Parent of..... children, of whom..... are living |                        |                   |                       |
| BIRTHPLACE (State or country)<br><u>Germany</u>   |                        |                   |                       |
| NAME OF FATHER<br><u>Hausen</u>   |                        |                   |                       |
| BIRTHPLACE OF FATHER (State or country)<br><u>Unknown</u>   |                        |                   |                       |
| MAIDEN NAME OF MOTHER<br><u>Unknown</u>   |                        |                   |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Unknown</u>   |                        |                   |                       |
| OCCUPATION<br><u>Housewife</u>  |                        |                   |                       |

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

(Informant) Jacob Hausen  
 (Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

|               |                        |                    |                       |
|---------------|------------------------|--------------------|-----------------------|
| DATE OF DEATH | (Month)<br><u>Jan.</u> | (Day)<br><u>21</u> | (Year)<br><u>1907</u> |
|---------------|------------------------|--------------------|-----------------------|

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1907, to Jan. 20 1907, that I saw her alive on Jan. 20 1907, and that death occurred, on the date stated above, at 6 C.M.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 4 DAYS

Contributory

(DURATION) DAYS

(Signed) S. C. Bunk M. D.

Jan. 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 St. Chivot Chelsea Mich DATE OF BURIAL Jan 24 1907

UNDERTAKER Geo. P. Steffan ADDRESS Chelsea Mich

DATE Feb. 3 1907 TRUE COPY

Ind. & Broun

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

Registered No. 2

or

Village of

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) (Day) (Year)  
*Jan. 4 1851*

AGE *66* YEARS, *1* MONTHS, *2* DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

*Married*

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)

DATE OF DEATH

*Feb.**6**1907*

I HEREBY CERTIFY, That I attended deceased from *Jan. 29 1907*, to *Feb. 6 1907*, that I saw him alive on *Feb. 6 1907*, and that death occurred, on the date stated above, at *1230 A.M.*

The CAUSE OF DEATH was as follows:

*Alternating Endocarditis and Broncho Pneumonia*

(DURATION) ..... DAYS

Contributory

(DURATION) ..... DAYS

(Signed)

*L. E. Woods*

M. D.

*Feb. 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

DATE OF BURIAL

UNDERTAKER

ADDRESS

*St. Albert's Church**Feb. 9 1907**Bro. P. Stoffer**Chelsea Mich.*

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*March 3 1907**Wm. L. Brown*

Registrar

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Form 93-2-08-500 Rev., 100 pages.



## PLACE OF DEATH

County of *Hastings*Township of *Sylvan*  
orVillage of  
or

City of

(No. *2* St.; *3* 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 *Gloverne W. Lehman*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) *Feb.* (Day) *16* (Year) *1917*

AGE *13* 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) *John Lehman*  
(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) *March* (Day) *1* (Year) *1917*

I HEREBY CERTIFY, That I attended deceased from *March 1 1917* to *March 1 1917*, that I saw him alive on *March 1 1917*, and that death occurred, on the date stated above, at *8 P.M.*

The CAUSE OF DEATH was as follows:

*Bronchitis*

(DURATION)..... DAYS

Contributory.....

(DURATION)..... DAYS

(Signed) *Gro W. Palmer* M. D.*3-3 1917* (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

*Berman M.E. Mar 3 1917*

UNDERTAKER

*Ed. Mepa*ADDRESS *Chelsea*Filed *Mar. 7 1917*TRUE COPY *Filed & Browsable*

Registrar



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

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

Registered 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.]

FULL NAME Mette Knoll

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White  
DATE OF BIRTH (Month) (Day) (Year)  
July 7 1851  
AGE 65 8 4  
YEARS MONTHS DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

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

BIRTHPLACE (State or country) Denmark

NAME OF FATHER Jens Norgard

BIRTHPLACE OF FATHER (State or country) Denmark

MAIDEN NAME OF MOTHER Nannah Christie

BIRTHPLACE OF MOTHER (State or country) Denmark

OCCUPATION

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

(Informant) Mrs. Chas. Young  
(Address) Chelsea Mich.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
March 6 1917

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1917, to March 6 1917, that I saw her alive on March 5 1917, and that death occurred, on the date stated above, at H.P.M.  
The CAUSE OF DEATH was as follows:  
Epilepsy

Contributory Hard Exertion

(Signed) J.P. Woods M.D.

Mo 7 1917 (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 Sylvan Center DATE OF BURIAL March 8 1917

UNDERTAKER S.C. Mepers ADDRESS Chelsea Mich.

Filed March 31 1917 TRUE COPY Fred S. Brommle  
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

or

Village 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

## 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 him..... alive on....., 190.....

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

The CAUSE OF DEATH was as follows:

Accidental Drowning  
in Cedar Lake, Sylvan Twp.,  
Washtenaw Co. Mich. May 13-1907

Contributory

(Signed)

June 1, 1907 (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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# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PLACE OF DEATH  
County of Washtenaw  
Township of Sylvan  
or  
Village of \_\_\_\_\_  
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 George Beurek

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White  
DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) 1889

AGE Supposed age  
60 YEARS, \_\_\_\_\_ MONTHS, \_\_\_\_\_ 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) Austria

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Laborer Cement Factory

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

(Informant) Geo P. Stappan

(Address) Chelsea Mich.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH \_\_\_\_\_ (Month) May \_\_\_\_\_ (Day) 13 \_\_\_\_\_ (Year) 1917

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:

Accidental Drowning in Cedar Lake  
Sylvan Twp. Washtenaw Co. Mich.  
May 13-1917

Contributory Hal Withrall, Mayor Public  
Washtenaw Co. Mich.

(Signed) \_\_\_\_\_ (Address) \_\_\_\_\_ M. D.

June 1 1917 (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 June 21 1917

UNDERTAKER Geo P. Stappan ADDRESS Chelsea Mich.

Filed June 2 1917 TRUE COPY Fred L. Brossamles  
Registrar

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# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PLACE OF DEATH  
County of *Washtenaw*  
Township of *Sylvan*  
or  
Village of  
or  
City of

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

*Cornelia Lewick*

### PERSONAL AND STATISTICAL PARTICULARS

SEX

*Female*

COLOR

*White*

DATE OF BIRTH

(Month) *March* (Day) *2* (Year) *1834*

AGE

*83* YEARS *2* MONTHS *15* 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)

*N.Y.*

NAME OF FATHER

*Ephram Ewerick*

BIRTHPLACE OF FATHER (State or country)

*N.Y.*

MAIDEN NAME OF MOTHER

*Unknown*

BIRTHPLACE OF MOTHER (State or country)

*N.Y.*

OCCUPATION

*Housewife (Lived with son)*

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

(Informant)

*Wm Lewick*  
*R.R. Chelera Mich*  
(Address)

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*May*

*17*

*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:

*Probable cause of death was Pulmonary Embolism from Chronic Pulmonary Disease called after death*

Contributory

(DURATION)

DAYS

(Signed)

*S. G. Bush*

M. D.

*May 17 1907* (Address) *Chelera 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

*Chelera Mich*

*May 21*

*1907*

UNDERTAKER

ADDRESS

*Chelera Mich*

Filed

*Bro P. Staffer*

*June 4*

*1907*

Registrar

*Wm. S. Bronaugh*

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# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PLACE OF DEATH  
County of Washtenaw  
Township of Sylvan  
or  
Village of \_\_\_\_\_  
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 Christian Visel

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White  
DATE OF BIRTH (Month) Oct (Day) 8 (Year) 1846  
AGE 70 YEARS 8 MONTHS 22 DAYS  
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
AGE AT MARRIAGE, NUMBER OF CHILD-REN { If married, age at (first) marriage \_\_\_\_\_ years  
Parent of \_\_\_\_\_ children, of whom \_\_\_\_\_ are living

BIRTHPLACE (State or country) Germany  
NAME OF FATHER Christian Visel  
BIRTHPLACE OF FATHER (State or country) Germany  
MAIDEN NAME OF MOTHER Sarah Katz  
BIRTHPLACE OF MOTHER (State or country) Germany  
OCCUPATION Farmer

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

(Informant) Mr. C. Visel  
(Address) Chelsea Mich

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) June (Day) 30 (Year) 1917

I HEREBY CERTIFY, That I attended deceased from June 28 1917, to June 30 1917, that I saw him alive on June 30 1917, and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Contributory Arterio Sclerosis (DURATION) \_\_\_\_\_ DAYS

(Signed) J. P. Woods M. D. (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 July 3 1917

UNDERSTAND St. Marys ADDRESS Chelsea Mich

Filed July 7 1917 TRUE COPY Ed. S. Brown Registrar

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

MARGIN RESERVED FOR BINDING.



PLACE OF DEATH

County of *Washtenaw*  
Township of *Sylvan*  
or  
Village of  
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.]

FULL NAME

*Amanda Bush*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *White*  
DATE OF BIRTH (Month) (Day) (Year)  
*June 13 1853*  
AGE *64* YEARS *2* MONTHS *16* 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) *U. S. C.*

NAME OF FATHER *Joseph Schultz*

BIRTHPLACE OF FATHER (State or country) *U. S. C.*

MAIDEN NAME OF MOTHER *Louisa Billman*

BIRTHPLACE OF MOTHER (State or country) *U. S. C.*

OCCUPATION *Housewife*

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

(Informant) *John Bush*  
(Address) *Chelsea Mich*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
*Aug. 29 1917*

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:

*Apoplexy*

(DURATION)..... DAYS

Contributory

(DURATION)..... DAYS

(Signed) *Harry H. Cvery* J.D.  
*Aug. 29 1917* Acting Coroner Justice of Peace  
(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 REBURIAL *Park Grove Chelsea Mich* DATE OF BURIAL *Sept. 1 1917*

UNDERTAKER *Bro. P. Staffan* ADDRESS *Chelsea Mich*

Filed *Oct. 4 1917* TIME CORRECTED *Red L. Brossam*

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

Village of

Registered No. 10

City of

(No.

St.;

Ward)

FULL NAME

Friedrich H Belser

[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) *Feb.* (Day) *28* (Year) *1859*

AGE *57* YEARS, *7* MONTHS, *13* DAYS

SINGLE, MARRIED,  
WIDOWED, OR DIVORCED

*Married*

AGE AT MARRIAGE,  
NUMBER OF CHILD-  
REN

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

BIRTHPLACE  
(State or country)

*Ohio*

NAME OF  
FATHER

*Herman Belser*

BIRTHPLACE  
OF FATHER  
(State or country)

*Germany*

MAIDEN NAME  
OF MOTHER

*Mary Cocher*

BIRTHPLACE  
OF MOTHER  
(State or country)

*Germany*

OCCUPATION

*Retired Hardware Merchant*

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

(Informant)

*Louisa Belser*

(Address)

*Chelsea*

## MEDICAL CERTIFICATE OF DEATH

DATE OF  
DEATH

(Month)

(Day)

(Year)

*Sept* *26* 19*17*

I HEREBY CERTIFY, That I attended deceased from  
*Sept. 26* 19*17*, to *Sept. 26* 19*17*,  
that I saw him alive on *Sept. 26* 19*17*,  
and that death occurred, on the date stated above, at *1 P.M.*

The CAUSE OF DEATH was as follows.

*Cerebral Apoplexy*

*3 hours*  
(DURATION) DAYS

Contributory

(Signed) *S. S. Burr* M. D.  
*Sept. 28* 19*17* (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 *Corn Arbor Mich* DATE OF BURIAL *Sept. 29* 19*17*

UNDERTAKER

ADDRESS

*Gro. P. Steffan Chelsea*

Died

TRUE COPY

*Oct. 4* 19*17* *Wm. H. Brosnamb*  
Registrar

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

MARGIN RESERVED FOR BINDING.



## 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

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 *James Power*

## PERSONAL AND STATISTICAL PARTICULARS

SEX

*Male*

COLOR

*White*

DATE OF BIRTH

(Month)

(Day)

(Year)

*Unknown 1882*

AGE

*Supposed Age About 35*

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)

*Unknown*

NAME OF FATHER

*Unknown*

BIRTHPLACE OF FATHER (State or country)

*Unknown*

MAIDEN NAME OF MOTHER

*Unknown*

BIRTHPLACE OF MOTHER (State or country)

*Unknown*

OCCUPATION

*Soldier Canadian Army  
Royal Flying Corps*

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)

*Nov**16**1917*

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:

*Warfare dead on M.C. Wright  
of May 5 Mile West of Chelsea  
Cause of death Unknown supposed  
to have fallen from train*

Contributory .....

(DURATION)

DAYS

(Signed) *H.P. Brooke Acting Coroner*

M.D.

*Nov. 17 1917*(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

*Chicago Ill*

190.....

UNDERTAKER

ADDRESS

*Geo. Staffan**Chelsea Mich*

Filed

A TRUE COPY

*Dec 4**1917**And 4. Broome*

Registrar



## PLACE OF DEATH

## STATE OF MICHIGAN

County of

*Washtenaw*  
*Lylvan*

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. *1* ~~*XX*~~

[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

*Lloyd E. Burgess*

## PERSONAL AND STATISTICAL PARTICULARS

SEX

*Male*

COLOR

*White*

DATE OF BIRTH

(Month)

(Day)

(Year)

*Nov.**10**1917*

AGE

*0* YEARS, *2* MONTHS, *27* 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)

*Michigan*

NAME OF FATHER

*George Burgess*

BIRTHPLACE OF FATHER (State or country)

*Mich*

MAIDEN NAME OF MOTHER

*Orvita Sage*

BIRTHPLACE OF MOTHER (State or country)

*Mich*

OCCUPATION

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

(Informant)

*George Burgess*

(Address)

*Chelsea Mich.*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*Feb.**6**1918*

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 *5 P. M.*

The CAUSE OF DEATH was as follows:

*Unknown as I nor no doctor saw him but I think from Natural causes.*

(DURATION)..... DAYS

Contributory.....

(DURATION)..... DAYS

(Signed)

*G. M. Palmer*

M. D.

*Feb 8*

190.....

(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

*Chelsea**Feb 9*

190.....

UNDERTAKER

ADDRESS

*St. Maper**Chelsea*

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*Feb 10*

190.....

*Fred H. Brown*

Registrar

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## PLACE OF DEATH

County of

Washtenaw

Township of

Sylvan

Village of

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

Orin Brockner

## PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Aug

23

1888

AGE

29

6

3

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

Chris Brockner

BIRTHPLACE OF FATHER (State or country)

U.S.A.

MAIDEN NAME OF MOTHER

Allen Reed

BIRTHPLACE OF MOTHER (State or country)

Mich.

OCCUPATION

Farmer

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

(Informant)

Harvey Van Bull

(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)

Feb.

26

1918

I HEREBY CERTIFY, That I attended deceased from

Oct. 1907, to Feb. 26, 1918,

that I saw him alive on Feb. 24, 1918,

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

3 or 4 (DURATION) yrs DAYS

Contributory

(Signed)

J. P. Mergden

M. D.

Feb. 28, 1918 (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

Sylvan Twp

DATE OF BURIAL

Feb. 28

1918

UNDERTAKER

Geo P. Staffay

ADDRESS

Chelsea

FILED

Feb. 28

1918

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Fred L. Brownlee

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

Village of

Registered No.

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

## MEDICAL CERTIFICATE OF DEATH

SEX

COLOR

DATE OF DEATH

(Month)

(Day)

(Year)

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  
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)

Feb. 22 1918

I HEREBY CERTIFY That I attended deceased from  
Feb. 22 1918, to Feb. 22 1918  
that I saw him alive on Feb. 22 1918  
and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

Feb. 23 1918

(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

Feb. 26 1918

TRUE COPY

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

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 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 Jan. 31 1908, to March 20, 1908, that I saw her alive on March 20, 1908, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs and Trachea

(DURATION).....DAYS

Contributory

(DURATION).....DAYS

(Signed)

M. D.

Mar. 23 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

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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

Village of .....

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 Edna Douglass

## PERSONAL AND STATISTICAL PARTICULARS

|   |                       |
|---|-----------------------|
| SEX<br><u>Female</u>  | COLOR<br><u>White</u> |
| DATE OF BIRTH<br>..... (Month) ..... (Day) ..... (Year) 1 ..... |                       |

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)

West Virginia

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER (State or country)

Unknown

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

Unknown

OCCUPATION

School Teacher

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

(Informant) Mrs. Glen Seymour(Address) Ypsilanti, Mich.

## MEDICAL CERTIFICATE OF DEATH

|               |                        |                    |                       |
|---------------|------------------------|--------------------|-----------------------|
| DATE OF DEATH | (Month)<br><u>July</u> | (Day)<br><u>20</u> | (Year)<br><u>1908</u> |
|---------------|------------------------|--------------------|-----------------------|

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 in a street railway collision on Detroit, Jackson & Chicago Railway  
..... (DURATION) ..... DAYS

Contributory

..... (DURATION) ..... DAYS  
(Signed) Geo. Kennedy Corcoran  
190 ....., (Address) Ann Arbor, 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<br><u>Weston, W. Va.</u> | DATE OF BURIAL<br><u>July 21</u> 1908 |
| UNDERTAKER<br><u>J. S. Moore</u>                    | ADDRESS<br><u>Ypsilanti, Mich.</u>    |

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190 .....

Registrar

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## PLACE OF DEATH

## STATE OF MICHIGAN

County of

Washington

Department of State—Division of Vital Statistics

Township of

Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of

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

Aloysius Wolff

## PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

May

27

1897

AGE

21

YEARS

4

MONTHS

26

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)

Ohio

NAME OF FATHER

Joseph Wolff

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Frances Langbecker

BIRTHPLACE OF MOTHER (State or country)

Germany

OCCUPATION

Farmer

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

(Informant)

Joseph Wolff

(Address)

Chelsea, Mich.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

October

23

1908

I HEREBY CERTIFY, That I attended deceased from

Oct. 23, 1908, to Oct. 23, 1908

that I saw him alive on....., 1908,

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

The CAUSE OF DEATH was as follows:

Croupus Pneumonia

(DURATION)..... DAYS

Contributory.....

(DURATION)..... DAYS

(Signed)

Geo. W. Palmer M. D.

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

Mt. Zion &amp; Chelsea

Oct. 26, 1908

UNDERTAKER

ADDRESS

Geo. P. Staffan

Chelsea, Mich.

Filed

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Oct. 22, 1908

1908

O. Hoover

Registrar



## PLACE OF DEATH

## STATE OF MICHIGAN

County of

Washburn

Department of State—Division of Vital Statistics

Township of

Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of

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

Catherine Kappeler

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) March (Day) 15 (Year) 1941

AGE 77 YEARS, 9 MONTHS, 0 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)

Germany

NAME OF FATHER

Geo. Hall

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Unknown

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)

M. Kappeler

(Address)

Chelera Mich

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Dec (Day) 15 (Year) 1968

I HEREBY CERTIFY, That I attended deceased from Dec 15 1968, to Dec 15 1968, that I saw her alive on 15th, 1968, and that death occurred, on the date stated above, at 2 A M.

The CAUSE OF DEATH was as follows:

Apoplexy

Contributory Arterio Sclerosis (DURATION) 1 DAYS

(Signed) J. T. Woods M. D. Dec 17 1968 (Address) Chelera 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

Shawmut, Wash Co

DATE OF BURIAL

Dec 17 1968

UNDERTAKER

J. P. Stoffan

ADDRESS

Chelera

Filed

Dec 18 1968

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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  
Township of Sylvan  
or  
Village of  
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

Baby Toth

PERSONAL AND STATISTICAL PARTICULARS

|  |                        |                    |                       |
|--|------------------------|--------------------|-----------------------|
| SEX<br><u>Female</u>   | COLOR<br><u>White</u>  |                    |                       |
| DATE OF BIRTH<br><u>June</u>   | (Month)<br><u>June</u> | (Day)<br><u>11</u> | (Year)<br><u>1919</u> |
| AGE<br><u>15 months</u><br><u>0</u> YEARS <u>0</u> MONTHS <u>0</u> DAYS  |                        |                    |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED  |                        |                    |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>If married, age at (first) marriage.....years<br>Parent of.....children, of whom.....are living |                        |                    |                       |
| BIRTHPLACE (State or country)<br><u>Michigan</u>   |                        |                    |                       |
| NAME OF FATHER<br><u>George Toth</u>   |                        |                    |                       |
| BIRTHPLACE OF FATHER (State or country)<br><u>Hungary</u>  |                        |                    |                       |
| MAIDEN NAME OF MOTHER<br><u>Anna Do not know</u>   |                        |                    |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Hungary</u>  |                        |                    |                       |
| OCCUPATION   |                        |                    |                       |

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

(Informant)

(Address)

J. McColgan M.D.  
Grass Lake, Mich.

MEDICAL CERTIFICATE OF DEATH

|                              |                        |                    |                       |
|------------------------------|------------------------|--------------------|-----------------------|
| DATE OF DEATH<br><u>June</u> | (Month)<br><u>June</u> | (Day)<br><u>11</u> | (Year)<br><u>1919</u> |
|------------------------------|------------------------|--------------------|-----------------------|

I HEREBY CERTIFY, That I attended deceased from June 11 1919, to June 11 1919, that I saw her alive on June 11 1919, and that death occurred, on the date stated above, at 3:45 P.M.

The CAUSE OF DEATH was as follows:

Veil of membrane over face. Could not breathe  
(DURATION) 15 min DAYS

Contributory

(Signed) James McColgan M.D.  
190 (Address) Grass Lake, 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..... 190.....

UNDERTAKER Geo. P. Stoffan Chelsea, Mich.  
\*Filed June 14 1919 A TRUE COPY C. T. Doorn  
Registrar



## PLACE OF DEATH

## STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Bayliss

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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 Dr. Edward Watkins

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)  
July 21 1869

AGE 44 YEARS 11 MONTHS 23 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 Frank Watkins

County of Jackson

BIRTHPLACE OF FATHER (State or country)

New York

MAIDEN NAME OF MOTHER Emma Yeckley

BIRTHPLACE OF MOTHER (State or country)

New York

OCCUPATION Farmer

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

(Informant) Mrs. Martha Reemerschmidt

(Address) Chelsea, Mich.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
July 14 1909

I HEREBY CERTIFY, That I attended deceased from July 14 1909, to July 14 1909, that I saw him alive on July 14 1909, and that death occurred, on the date stated above, at 4 p. M.

The CAUSE OF DEATH was as follows:

Shock caused by several fractures of body and in a runaway team with studs run over (DURATION)..... DAYS

Contributory .....

(Signed) Geo. W. Palmer M. D. 7/14 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

Grass Lake, Mich. DATE OF BURIAL July 17 1909

UNDERTAKER

S. A. Mapes ADDRESS Chelsea

Filed July 16 1909 A TRUE COPY C. T. Hoover Registrar

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

MARGIN RESERVED FOR BINDING.



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

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 Mahaska Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) August (Day) 31 (Year) 1886

AGE 32 YEARS 11 MONTHS 16 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) Ohio

NAME OF FATHER Daniel Davison

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Malinda Sutton

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION Farmers Wife

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

(Informant) Roy Taylor  
(Address) Chelsea, Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Aug. (Day) 17 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1909, to Aug. 17 1909, that I saw her alive on Aug. 17 1909, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH was as follows:  
Peritonitis, cause unknown

(DURATION) \_\_\_\_\_ DAYS

Contributory (DURATION) \_\_\_\_\_ DAYS

(Signed) G. W. Palmer M. D.  
Aug. 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 Latty, Ohio DATE OF BURIAL Aug. 20 1909

UNDERTAKER S. A. Mapes ADDRESS Chelsea, Mich

Filed Aug. 19 1909 A TRUE COPY C. J. Hoover 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

Village of .....

City of .....

(No. .... St.; .... Ward)

Registered 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.]

FULL NAME

Burleigh C. Whitaker

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Sept 4 (Day) 16 (Year) 1878

AGE 40 YEARS, 11 MONTHS, 8 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)

Michigan

NAME OF FATHER

Frederick Whitaker

BIRTHPLACE OF FATHER (State or country)

Michigan

MAIDEN NAME OF MOTHER

Alice Coucklin

BIRTHPLACE OF MOTHER (State or country)

Michigan

OCCUPATION

Farmer

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

(Informant)

Mrs B. C. Whitaker

(Address)

Chelsea, Mich.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) August (Day) 24 (Year) 1919

I HEREBY CERTIFY, That I attended deceased from Aug 23 1919, to Aug 24, 1919, that I saw him alive on Aug. 24, 1919, and that death occurred, on the date stated above, at 3:30 M.

The CAUSE OF DEATH was as follows:

acute myocarditis with dilatation, cause indefinite

Contributory .....

(Signed)

S. G. Brush

M. D.

Aug 26 1919 (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, Chelsea

DATE OF BURIAL

Aug. 27, 1919

UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea

Filed

Aug 26 1919

A TRUE COPY

O. G. Hoover

Registrar

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



## PLACE OF DEATH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

Flora Helmer

## PERSONAL AND STATISTICAL PARTICULARS

|  |                       |                   |                       |
|--|-----------------------|-------------------|-----------------------|
| SEX<br><u>Female</u>   | COLOR<br><u>White</u> |                   |                       |
| DATE OF BIRTH<br><u>March</u>  | (Month)<br><u>28</u>  | (Day)<br><u>1</u> | (Year)<br><u>1897</u> |
| AGE<br><u>42</u> YEARS, <u>5</u> MONTHS, <u>2</u> DAYS   |                       |                   |                       |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Married</u>  |                       |                   |                       |
| AGE AT MARRIAGE, NUMBER OF CHILDREN<br>{ If married, age at (first) marriage.....years<br>Parent of.....children, of whom.....are living |                       |                   |                       |
| BIRTHPLACE (State or country)<br><u>Michigan</u>   |                       |                   |                       |
| NAME OF FATHER<br><u>Fred Dopper</u>   |                       |                   |                       |
| BIRTHPLACE OF FATHER (State or country)<br><u>Germany</u>  |                       |                   |                       |
| MAIDEN NAME OF MOTHER<br><u>Christina Mensing</u>  |                       |                   |                       |
| BIRTHPLACE OF MOTHER (State or country)<br><u>Germany</u>  |                       |                   |                       |
| OCCUPATION<br><u>Farmer's Wife</u>   |                       |                   |                       |

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

(Informant)

Lewis Helmer  
 (Address) Chelsea, Mich.

## MEDICAL CERTIFICATE OF DEATH

|               |                        |                    |                       |
|---------------|------------------------|--------------------|-----------------------|
| DATE OF DEATH | (Month)<br><u>Aug.</u> | (Day)<br><u>30</u> | (Year)<br><u>1919</u> |
|---------------|------------------------|--------------------|-----------------------|

I HEREBY CERTIFY, That I attended deceased from Aug. 28 1919, to Aug. 30, 1919, that I saw her alive on Aug. 29, 1919, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH was as follows:

Placenta Praemia  
Caesarian operation with  
resulting peritonitis

(DURATION).....DAYS

Contributory Hæmorrhage

(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<br><u>Sylvan, Mich. M. E. Co.</u> | DATE OF BURIAL<br><u>Sept 3</u> 19 <u>19</u> |
|--|--|

UNDERTAKER

ADDRESS

S. A. Mapes

Filed

A TRUE COPY

Sept 3 1919

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

Village of

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

Paul Ambrose Lingane

## PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Still born

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)

Michigan

NAME OF FATHER

Patrick Lingane

BIRTHPLACE OF FATHER (State or country)

Chelsea, Mich

MAIDEN NAME OF MOTHER

Lillian Skinner

BIRTHPLACE OF MOTHER (State or country)

Ohio

OCCUPATION

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

(Informant)

P. Lingane

(Address)

Chelsea

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Aug

18

1909

I HEREBY CERTIFY, That I attended deceased from

Aug. 18 1909, to Aug 18 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:

Stillborn

(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

Mt. Olivet, Chelsea

DATE OF BURIAL

Aug 18 1909

UNDERTAKER

Geo. P. Steffan

ADDRESS

Filed

Sept 5 1909

A TRUE COPY

O. J. Hoover

Registrar

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



THIS PORTION TO BE FILLED OUT BY THE LICENSED EMBALMER AND  
FILED WITH THE LOCAL REGISTRAR.

This is to certify that I, Daniel A. Mapes, residing at  
Chelsea, Mich., hold embalmer's license No. 638, issued by the Michigan  
State Board of Health, which has been renewed and is in force until July 31, 1909. The above being a copy of  
my renewal for filing with the local registrar in accordance with provisions of Act 132, Laws of 1903, as amended  
by Act 151, Laws of 1907.

Signed

Daniel A. Mapes

Licensed Embalmer.



THIS PORTION TO BE FILLED OUT BY THE LICENSED EMBALMER AND  
FILED WITH THE LOCAL REGISTRAR.

This is to certify that I Geo P Stoffan, residing at  
Chelsea Mich, hold embalmer's license No. 653, issued by the Michigan  
State Board of Health, which has been renewed and is in force until July 31, 1909. The above being a copy of  
my renewal for filing with the local registrar in accordance with provisions of Act 132, Laws of 1903, as amended  
by Act 151, Laws of 1907.

Signed Geo. P. Stoffan  
Licensed Embalmer.



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.**