

STATE OF MICHIGAN.

Department of State—Division of Vital Statistics

REGISTER OF DEATHS.

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

Village of *Chelsea*
(Township, Village or City.)
County of *Washtenaw*
From *January 1st*, 19*10* to *July 1st* 19*13*
G. H. Maroney *clerk*

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.

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 *Lebanon*
or

City of

(No. *1*)

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 *Eda May Bates*

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

*April**5**1867*

AGE

42

YEARS

4

MONTHS

9

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)*Michigan*

NAME OF FATHER

*Chas. Canfield*BIRTHPLACE
OF FATHER
(State or country)*New York*MAIDEN NAME
OF MOTHER*Annie Clark*BIRTHPLACE
OF MOTHER
(State or country)*New York*

OCCUPATION

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

(Informant)

Chas. Bates

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*Jan'y**14**1910*

I HEREBY CERTIFY That I attended deceased from *June 28* 1910, to *Jan'y 13* 1910, that I saw her alive on *Jan'y 13* 1910, and that death occurred, on the date stated above, at *12 P.* M.

The CAUSE OF DEATH was as follows:

Cancers

Contributory

(Signed)

Geo W. Palmer

M. D.

Jan'y 15 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

DATE OF BURIAL

*Moor's Plains**Jan'y 16* 1910

UNDERTAKER

ADDRESS

*S. H. Mapes**Chelsea Mich*

Filed

Jan'y 19 1910

A TRUE COPY

Chas. Marney

Registrar

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of

Registered No. ²

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

Milton B. Millsbaugh

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male			COLOR	White		
DATE OF BIRTH	(Month)	(Day)	(Year)				
	June	5	1827				
AGE	82 YEARS 7 MONTHS 20 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)	N.Y.						
NAME OF FATHER	Abner						
BIRTHPLACE OF FATHER (State or country)	N.Y.						
MAIDEN NAME OF MOTHER	Mary Mills						
BIRTHPLACE OF MOTHER (State or country)	N.Y.						
OCCUPATION	Farmer { Retired } 2 Yrs.						

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

(Informant)

(Address)

J. N. Lancer
Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	Jan'y	25	1910

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 7³⁰ M.

The CAUSE OF DEATH was as follows:

Apoplexy

Contributory

(Signed)

Leo W. Palmer

M. D.

Jan'y 27 1910. (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

Union Bur. Chelsea

Jan'y 27 1910

UNDERTAKER

ADDRESS

J. Haffan & Son

Chelsea

Filed

A TRUE COPY

Feb'y 2 1910

L. Maroney

Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of

Township of
orVillage 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. 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

(Month)

(Day)

(Year)

AGE

YEARS

MONTHS

DAYS

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

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

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

BIRTHPLACE
(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)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
Feb-1st 1900, to Feb 5th 1900,
that I saw him alive on Feb 3rd 1900,
and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH was as follows:

Endo-carditis.

(DURATION)

DAYS

Contributory

(DURATION)

DAYS

(Signed)

M. D.

Feb 7 1900 (Address) Chelsea Mich

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

Former or
usual residenceHow 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

Registr

PLACE OF DEATH

County of

Township of

or

Village of

or

City of

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

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 3rd 1960, to Feb 23rd 1960, that I saw her alive on Feb 23rd 1960 and that death occurred, on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH was as follows:

Ulcerative Endo-carditis.

(DURATION)

Contributory

Pulmonary Embolism

(DURATION)

(Signed)

Feb 24 1960 (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

Oak Grove

DATE OF BURIAL

Feb 25 1960

UNDERTAKER

M. Mapes

ADDRESS

Chelsea

Filed

Feb 24 1960

A TRUE COPY

C. W. Marmont

Registrar

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

MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

(No.

St.;

Ward)

Registered No. 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

Geo. J. Howell

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Sept

4

1834

AGE

75

4

24

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)

N. Y.

NAME OF
FATHER

Moses J. Howell

BIRTHPLACE
OF FATHER
(State or country)

N. Y.

MAIDEN NAME
OF MOTHER

Emily Graves

BIRTHPLACE
OF MOTHER
(State or country)

N. Y.

OCCUPATION

Insurance Agent

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

(Informant)

Leo P. Staffaw

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Feb

8

1900

I HEREBY CERTIFY, That I attended deceased from Feb 8 1900, to Feb 8 1900, that I saw him alive on Feb 8 1900, and that death occurred, on the date stated above, at 6:00 P. M.

The CAUSE OF DEATH was as follows:

Popliteal

Contributory

Malnutrition

(Signed)

H. H. Schmidt

M. D.

Mch 1 1900 (Address)

Chelsea Mich

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

Former or
usual residence

How long at

place of death?

Days

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Chelsea Mich

Feb 11 1900

UNDERTAKER

ADDRESS

F. Staffaw & Son,

Chelsea Mich

Filed

A TRUE COPY

Mch 2nd 1900

L. W. Maroney

Registrar

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of

Chelsea

or

City of

(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

Matilda Remond

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

1

AGE

72

2

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)

Canada

NAME OF FATHER

Basile Brevier

BIRTHPLACE OF FATHER (State or country)

Canada

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

Canada

OCCUPATION

None

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

(Informant)

Wm. Remond

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Feb.

10

1900

I HEREBY CERTIFY, That I attended deceased from Feb 10 1900, to Feb 10 1900

that I saw h^{er} alive on Feb 10 1900

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

The CAUSE OF DEATH was as follows:

Apoplexy

half hour.

(DURATION)

DAYS

Contributory

(DURATION)

DAYS

(Signed)

J. F. Woods

M. D.

Feb 15 1900

(Address)

Chelsea Mich

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

Former or usual residence

How long at

place of death?

Days

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cath Cemetery Chelsea Mich

Feb 17 1900

UNDERTAKER

ADDRESS

Chelsea Mich

Filed

Mar 2 1900

A TRUE COPY

C. W. Marney

Registrar

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MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

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

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 Feb 4 1900, to Feb 25 1900, that I saw her alive on Feb 25 1900, and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (Asthma) 15 yrs (DURATION) DAYS

Contributory Acute Nephritis (DURATION) DAYS

(Signed) Andros Gulde, M. D.

Feb 28 1900 (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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

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

Thomas Freeman Morse

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male	COLOR	White
DATE OF BIRTH	(Month) July	(Day) 29	(Year) 1837
AGE	72	7	3
YEARS MONTHS 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)			
Michigan			
NAME OF FATHER			
Thos. Morse			
BIRTHPLACE OF FATHER (State or country)			
Vermont			
MAIDEN NAME OF MOTHER			
Fatherine Stollsteimer			
BIRTHPLACE OF MOTHER (State or country)			
Vermont			
OCCUPATION			
Farmer			

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

(Informant)

Elias Morse

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) March	(Day) 2	(Year) 1900
I HEREBY CERTIFY, That I attended deceased from March 1, 1900, to March 2, 1900, that I saw him alive on March 2, 1900, and that death occurred, on the date stated above, at 10 P. M.			
The CAUSE OF DEATH was as follows:			
Apoplexy			
(DURATION) _____ DAYS			
Contributory _____			
(DURATION) _____ DAYS			
(Signed) S. G. Rush M. D.			
March 5 th 1900 (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

Cody Pains

DATE OF BURIAL

March 6, 1900

UNDERTAKER

S. T. Napes

ADDRESS

Chelsea

Filed

March 7, 1900

A TRUE COPY

L. H. Marney

Registrar

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

MARGIN RESERVED FOR BINDING.

STATE OF MICHIGAN

PLACE OF DEATH

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____ St.; _____ Ward)

Registered No. 9

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

FULL NAME Thomas Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Feb (Day) 24 (Year) 1841

AGE 69 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) Ireland

NAME OF FATHER Josia Jackson

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Johanna Martin

BIRTHPLACE OF MOTHER (State or country) Ohio Cesa

OCCUPATION Labour

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

(Informant) Geo P Staffa

(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Sept 25 1909 to Mar 19 1910, that I saw him alive on Mar 19 1910, and that death occurred, on the date stated above, at a M

The CAUSE OF DEATH was as follows:
Chronic Valvular Heart disease
Arteriosclerosis Chronic
Nephritis
(DURATION) Years DAYS

Contributory _____

(SIGNED) Andros Gulde M. D.

Apr 4 1910 (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 Mar 24 1910

UNDERTAKER F Staffa & Son ADDRESS Chelsea Mich

Filed Apr 4 PM 1910 W H Keselchur

Registrar

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____
or _____Village of Chelsea

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

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

FULL NAME Geo Edwin Monroe

(No. _____)

St. _____

Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Sep (Day) 29 (Year) 1839

AGE 70 YEARS 6 MONTHS 9 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 23 years

Parent of 1 children, of whom 1 are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Reed Monroe

BIRTHPLACE OF FATHER (State or country)

Canada

MAIDEN NAME OF MOTHER

Elijah Mosher

BIRTHPLACE OF MOTHER (State or country)

Novia Scotia

OCCUPATION

Carpenter

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

(Informant) Mrs E. Monroe(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

April 581910

I HEREBY CERTIFY, That I attended deceased from April 5 1910 to April 8 1910, that I saw him alive on April 6 1910, and that death occurred, on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH was as follows:

General Paralysis4 Years

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) J. WoodsApr 9 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

Vermont Cemetery

DATE OF BURIAL

April 10 1910

UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea Mich

Filed

Apr 12 1910

A TRUE COPY

Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 11

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

FULL NAME John J. Raftery

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Sept81860

AGE

49 YEARS, 7 MONTHS, 0 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage 30 years
Parent of 5 children, of whom 5 are living

BIRTHPLACE (State or country)

Coburg, Ont. Canada

NAME OF FATHER

John Raftery

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Rose Conlan

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

Owner of Tailor Shop

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

(Informant) Arthur Raftery(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Apr81900

I HEREBY CERTIFY, That I attended deceased from July 1 1900, to Apr 8 1900, that I saw him alive on Apr 8 1900, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

Myocarditis Nephritis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) E. H. Palmer

M. D.

Apr 29 1900 (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

St. Olive Cemetery ChelseaApr 11 1900

UNDERTAKER

ADDRESS

J. Staffan & SonChelsea Mich

Filed

Apr 29 1900

A TRUE COPY

W. H. Schuchert

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or

Village of Chelsea

or

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 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 Henry P. Bovee

(No. _____ St. _____ Ward _____)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>8</u> (Day) <u>17</u> (Year) <u>1825</u>	
AGE <u>84</u> YEARS <u>9</u> MONTHS <u>17</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage <u>32</u> years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>New York State</u>	
NAME OF FATHER <u>John Bovee</u>	
BIRTHPLACE OF FATHER (State or country) <u>New York State</u>	
MAIDEN NAME OF MOTHER <u>Elecha Hamlin</u>	
BIRTHPLACE OF MOTHER (State or country) <u>New York</u>	
OCCUPATION <u>Retired House Carpenter</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>Apr</u> (Day) <u>20</u> (Year) <u>1900</u>

I HEREBY CERTIFY, That I attended deceased from Apr 17 1900, to Apr 20 1900, that I saw him alive on Apr 20 1900, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Obstruction of Bowels
(DURATION) 4 yrs DAYS
Contributory Old Age
(DURATION) _____ DAYS
(Signed) J. P. Woods M. D.
Apr 22 1900 (Address) Chelsea Mich

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

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

PLACE OF BURIAL OR REMOVAL

Oak Grove Cemetery

DATE OF BURIAL

Apr 23 1900

UNDERTAKER

J. P. Stafford Chelsea Mich

Filed

May 3rd 1900 M. H. Church
A TRUE COPY
Registrar

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

(Informant) J. P. Stafford(Address) Chelsea Mich

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of

Township of

or

Village of

or

City of

(No.

St;

Ward)

FULL NAME

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 103

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH
No EXACT RECORD

(Month)

(Day)

(Year)

AGE

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

{ If married, age at (first) marriage 28 years
Parent of 5 children, of whom 3 are living

BIRTHPLACE
(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)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
Apr 25 1900, to Apr 27 1900,
that I saw him alive on Apr 27 - 1900,
and that death occurred, on the date stated above, at 7 a. M.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

M. D.

Apr 27 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

A TRUE COPY

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

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

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 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 Merritt O Boyd

(No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR <u>White</u>
DATE OF BIRTH <u>Oct 18 1844</u>	(Month) (Day) (Year)
AGE <u>65</u> YEARS, <u>6</u> MONTHS, <u>18</u> 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>Michigan</u>	
NAME OF FATHER <u>Harvey C Boyd</u>	
BIRTHPLACE OF FATHER (State or country) <u>New York</u>	
MAIDEN NAME OF MOTHER <u>Mary Peck</u>	
BIRTHPLACE OF MOTHER (State or country) <u>New York</u>	
OCCUPATION <u>Hotel Keeper</u>	

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

(Informant) Mrs Merritt Boyd(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>May 6 1900</u>	(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from <u>April 1 1900</u> to <u>May 6 1900</u> , that I saw him alive on <u>May 6 1900</u> , and that death occurred, on the date stated above, at <u>9-a M</u> . The CAUSE OF DEATH was as follows: <u>Chronic Interstitial Nephritis</u>	
(DURATION) _____ DAYS	
Contributory _____ (DURATION) _____ DAYS	
(Signed) <u>E. G. Bush</u> M. D. <u>May 8 1900</u> (Address) <u>Chelsea Mich</u>	

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

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

PLACE OF BURIAL OR REMOVAL <u>Sylvan Center</u>	DATE OF BURIAL <u>May 8 1900</u>
UNDERTAKER <u>S. A. Mapes</u>	ADDRESS <u>Chelsea Mich</u>

Filed May 11 1900 A TRUE COPY W. H. Anderson 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

or

Village of *Chelsea*

or

City of

(No.)

St.;

Ward)

Registered No. *15*

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

FULL NAME

Ralph E. Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

*May**1**1866*

AGE

44

YEARS

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)

Sylvan Mich

NAME OF FATHER

Erastus E. Cooper

BIRTHPLACE OF FATHER (State or country)

USA New York

MAIDEN NAME OF MOTHER

Lydia Wheaton

BIRTHPLACE OF MOTHER (State or country)

U.S.A.

OCCUPATION

Farmer

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

(Informant)

Hector E. Cooper

(Address)

Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*May**16**1900*

I HEREBY CERTIFY, That I attended deceased from *May 6 1900*, to *May 16 1900*, that I saw him alive on *May 15 1900*, and that death occurred, on the date stated above, at *4 a. M.*
The CAUSE OF DEATH was as follows:

Croupous Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) *Andros Gulde* M.D.*May 16 1900* (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

*Tustin Mich, Sherman Farm**May 18 1900*

UNDERTAKER

ADDRESS

*H. Staffan & Son**Chelsea Mich*

Filed

June 3 1900

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W. K. Keselchmidt

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or

Village of Chelsea

or

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 16

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

FULL NAME Carl Eisele

(No. _____

St.; _____

Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Jan 26 1875

AGE 30 YEARS 1 MONTHS 13 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

Carl Eisele

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Dorothy Keyt

BIRTHPLACE OF MOTHER (State or country)

Germany

OCCUPATION

Cigar Maker

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)

May191900

I HEREBY CERTIFY, That I attended deceased from March 1 1900, to May 17 1900, that I saw him alive on May 17 1900, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH was as follows:

Gangrene of Lung

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) B G Bush

M. D.

May 20 1900 (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

Geo P StaffanChelsea MichFiled June 3rd 1900

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PLACE OF DEATH

County of Washtenaw
 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. 17

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

FULL NAME Charles E Whitaker

(No. _____ St. _____ Ward _____)

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR white
 DATE OF BIRTH (Month) (Day) (Year)
mar 19 1863
 AGE
47 YEARS 2 MONTHS 19 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 23 years
 Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Chas Whitaker

BIRTHPLACE OF FATHER (State or country)

New York State

MAIDEN NAME OF MOTHER

Laura Beach

BIRTHPLACE OF MOTHER (State or country)

New York State

OCCUPATION

Travelling Salesman

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

(Informant) Mrs C E Whitaker(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

June81900

I HEREBY CERTIFY, That I attended deceased from

June 6 1900, to June 8 1900,that I saw him alive on June 8 1900,and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH was as follows:

General Pericarditis
following diabetes

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) S. G. Bush

M. D.

June 9 1900 (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 Olive Cemetery Chelsea

DATE OF BURIAL

June 11 1900

UNDERTAKER

J. Staffan & Son

ADDRESS

Chelsea Mich

Filed

July 5 2006 PM 190

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W. C. Kessel

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of Chelsea

or

City of

(No. _____)

St.; _____

Ward) _____

Registered No. 18

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

FULL NAME Willis Van Riper

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) mar (Day) 23 (Year) 1898AGE 12 YEARS 2 MONTHS 13 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED SingleAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are livingBIRTHPLACE (State or country) Chelsea MichNAME OF FATHER Wilbur Van RiperBIRTHPLACE OF FATHER (State or country) Chelsea MichMAIDEN NAME OF MOTHER Amelia KlinglesBIRTHPLACE OF MOTHER (State or country) Freedom Twp. MichOCCUPATION Housewife

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) July (Day) 6 (Year) 1900

I HEREBY CERTIFY, That I attended deceased from July 1900, to July 6, 1900, that I saw him alive on July 6, 1900, and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH was as follows:
By striking against a buggy while riding a bicycle, rupturing Stomach, Cause Accidental

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Palmer & Gulde P. M. D. S.July 7 1900 (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 Sak Grove Cemetery DATE OF BURIAL July 9 1900UNDERTAKER Staffan & Son ADDRESS Chelsea MichFiled Aug 2 1900 A TRUE COPY W. H. Kessel Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Nashtenaw

Department of State—Division of Vital Statistics

Township of Sybran

or

Village of Chelsen

or

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 19

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

FULL NAME Lewis A Paine

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

May

(Day)

8th

(Year)

1910

AGE

333

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)

Chelsea Mich

NAME OF FATHER

Lewis Paine

BIRTHPLACE OF FATHER (State or country)

Michigan

MAIDEN NAME OF MOTHER

Hamah Jackson

BIRTHPLACE OF MOTHER (State or country)

Mich

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)

Aug

(Day)

11

(Year)

1910

I HEREBY CERTIFY, That I attended deceased from Aug 10 1910, to Aug 11 1910, that I saw him alive on Aug 11 1910, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH was as follows:

Cochorea Infantum

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Geo W Palmer

M. D.

Aug 12 1910 (Address) Chelsen Mich

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

Former or usual residence _____

How long at

place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL

Oak Grove Cemetery Chelsen

DATE OF BURIAL

Aug 13

1910

UNDERTAKER

H. Steffen & Son

ADDRESS

Chelsen Mich

Filed

Aug 31 1910

A TRUE COPY

W H Keselschum

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village of Chelsea

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 20

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

FULL NAME Geo Mast

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) June (Day) 17 (Year) 1875

AGE 34 YEARS 2 MONTHS 26 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

married

AGE AT MARRIAGE, NUMBER OF CHILDREN

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

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Geo Mast

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Louise Artz

BIRTHPLACE OF MOTHER (State or country)

Germany

OCCUPATION

Metal Polisher

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

(Informant)

Lizzie Mast

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Aug131906

I HEREBY CERTIFY, That I attended deceased from Apr 6 1906 to Aug 13 1906, that I saw him alive on Aug 13 1906, and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Diabetes Mellitus
Asthenia

(DURATION) 6 years DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

Andrew Gulde

M. D.

Aug 31 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

Oak Grove Cemetery, Chelsea Mich

DATE OF BURIAL

Aug 171906

UNDERTAKER

F. Staffan & Son

ADDRESS

Chelsea Mich

Filed

Aug 31 1906

TRUE COPY

W. H. Kessel Church

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Wyandotte
or

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of Chelsea
orRegistered No. 21

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 John B. Beissel

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Aug</u> (Day) <u>20</u> (Year) <u>1835</u>	
AGE <u>75</u> YEARS - <u>22</u> MONTHS - <u>22</u> DAYS	

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

If married, age at (first) marriage 24 years
Parent of 6 children, of whom 4 are living

BIRTHPLACE
(State or country)GermanyNAME OF
FATHERHubert BeisselBIRTHPLACE
OF FATHER
(State or country)GermanyMAIDEN NAME
OF MOTHERHelenaBIRTHPLACE
OF MOTHER
(State or country)Germany

OCCUPATION

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

(Informant)

Verona Beissel

(Address)

Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF
DEATH

(Month)

(Day)

(Year)

Sep 11 11th 1900

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

The CAUSE OF DEATH was as follows:

Paralysis & Heart
disease

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

Geo W Palmer M. D.Sep 11 1900 (Address)Chelsea Mich

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

Former or
usual residence

How long at

place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL

Catholic Cemetery Chelsea

DATE OF BURIAL

Sep 14 1900

UNDERTAKER

J Staffan & Son

ADDRESS

Chelsea Mich

Filed

Nov 4 1900

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W H Hereschmidt

Registrar

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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. 22

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

FULL NAME

Kenneth G. Kiebr

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

*Oct**1st**1910*

AGE

YEARS

MONTHS

DAYS

27

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)

Chelsea

NAME OF FATHER

Ruben Kiebr

BIRTHPLACE OF FATHER (State or country)

Chelsea Mich

MAIDEN NAME OF MOTHER

Bessie Stewart

BIRTHPLACE OF MOTHER (State or country)

Chelsea

OCCUPATION

Housewife

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

(Informant)

R. W. Kiebr

(Address)

Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

*Oct**28**1910*

I HEREBY CERTIFY, That I attended deceased from

*Oct 28 1910, to Oct 28 1910*that I saw him alive on *Oct 28 1910*and that death occurred, on the date stated above, at *4:30 P. M.*

The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) *Andros Eulde* M. D.*Nov 2 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

Oak Grove Cemetery

DATE OF BURIAL

Oct 31 1910

UNDERTAKER

F. Staffant & Son

ADDRESS

Chelsea Mich

Filed

Nov 4 1910

A TRUE COPY

W. H. Kiebr

Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of Washtenaw
Township of Ashmun
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. 23

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

FULL NAME Welcome B Sumner

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Apr</u> (Day) <u>5</u> (Year) <u>1838</u>	
AGE <u>72</u> YEARS, <u>6</u> MONTHS, <u>25</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage <u>23</u> years Parent of <u>1</u> children, of whom <u>0</u> are living	
BIRTHPLACE (State or country) <u>Michigan</u>	
NAME OF FATHER <u>John Sumner</u>	
BIRTHPLACE OF FATHER (State or country) <u>England</u>	
MAIDEN NAME OF MOTHER <u>Loretta Buelingame</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Massachusetts</u>	
OCCUPATION <u>Varied</u>	

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

(Informant) Mrs W B Sumner
(Address) Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Oct</u>	(Day) <u>30</u>	(Year) <u>1910</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:

Accidental death from fracture of base of skull by falling down stairs

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) J G Bush M. D.
Nov 1 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 <u>Vermont Cemetery</u>	DATE OF BURIAL <u>Nov 2</u> 1910
UNDERTAKER <u>SA Maper</u>	ADDRESS <u>Chelsea Mich</u>
Filed <u>Nov 11</u> 1910	REGISTRY <u>W B Keselchum</u>

Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvania

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of Chelsea

or

City of

(No. _____ St.; _____ Ward)

Registered No. 24

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

FULL NAME Patrick M. Cover

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR White

DATE OF BIRTH (Month) Mar (Day) 14 (Year) 1836
1870

AGE 80 YEARS 7 MONTHS 8 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 29 years
Parent of 6 children, of whom 3 are living

BIRTHPLACE (State or country)

Ireland

NAME OF FATHER

John M. Cover

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Mary Murphy

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

Laborer

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

(Informant)

John M. Cover

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Nov (Day) 9 (Year) 1900

I HEREBY CERTIFY, That I attended deceased from Nov 7 1900, to Nov 9 1900, that I saw him alive on Nov 9 1900, and that death occurred, on the date stated above, at 4:30 P. M.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

Contributory

(Signed)

Andrew Gude

M. D.

Nov 10 1900 (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. Clair Chelsea

DATE OF BURIAL

Nov 12 1900

UNDERTAKER

J. Staffan & Son

ADDRESS

Chelsea Mich

Filed

Dec 3 1900

A TRUE COPY

M. K. Kautsch

Registrar

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

MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

STATE OF MICHIGAN

County of Nashtraw

Department of State—Division of Vital Statistics

Township of Sylvan

or

Village of Chelsea

or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 25

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

FULL NAME Elizabeth Eisele

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

1845

AGE

65

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage 38 years{ Parent of 2 children, of whom 2 are living

BIRTHPLACE (State or country)

Germany

NAME OF FATHER

Jacob Eder

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Elizabeth Deudinger

BIRTHPLACE OF MOTHER (State or country)

Germany

OCCUPATION

Housewife

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

(Informant)

Geo P Staffau

(Address)

Chelsea Mich

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Dec171900

I HEREBY CERTIFY, That I attended deceased from Nov 15 1900, to Dec 16 1900, that I saw her alive on Dec 16 1900, and that death occurred, on the date stated above, at 1-a. M

The CAUSE OF DEATH was as follows:

Cancer of Heart Disease

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

Geo H Palmer

M. D.

Dec 18 1900(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 Oliv Cemetery

DATE OF BURIAL

1900

UNDERTAKER

F Staffau + Son

ADDRESS

Filed

Dec 31 1900

TRUE COPY

W. H. Hauschka

Registrar

MARGIN RESERVED FOR BINDING.

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STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____
or
Village of Chelsea

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City of _____

(No. _____)

St. _____

Ward _____

Registered No. 26

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

FULL NAME Louis Eppler

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White
DATE OF BIRTH (Month) (Day) (Year)
Oct 21 1896

AGE 14 YEARS 2 MONTHS 15 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 Adam Eppler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Schneider

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Student

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

(Informant) Leg R. Staffan
(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Jan 9 1901

I HEREBY CERTIFY, That I attended deceased from Jan 7 1901, to Jan 9 1901, that I saw him alive on Jan 9 1901, and that death occurred, on the date stated above, at 3 A.M.
The CAUSE OF DEATH was as follows:

Peritonitis

(DURATION) 24 hours
Contributory Strangulation of Vernea

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

Jan 10 1901 (Address) Chelsea Mich

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

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

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

PLACE OF BURIAL OR REMOVAL Oak Grove Cemetery DATE OF BURIAL Jan 12 1901

UNDERTAKER Staffan & Son ADDRESS Chelsea Mich

Filed Jan 12 1901 H. W. Schmidt Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

[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

Dec 29 1900, to Jan 10, 1901,

that I saw her alive on Jan 10, 1901,

and that death occurred, on the date stated above, at 6:45 P.M.

The CAUSE OF DEATH was as follows:

(DURATION)..... DAYS

Contributory

(DURATION)..... DAYS

(Signed)

Jan 12 1901 (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

TRUE COPY

Registrar

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of
orVillage of
or

City of

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.]

FULL NAME

Frederick M. Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *White*

DATE OF BIRTH (Month) (Day) (Year)
Oct 1 1845

AGE *65* YEARS *3* MONTHS *1* DAYS

SINGLE, MARRIED,
WIDOWED, OR DIVORCED*Married*AGE AT MARRIAGE,
NUMBER OF CHILD-
REN

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

BIRTHPLACE
(State or country)*Germany*NAME OF
FATHER*Henry Andrus*BIRTHPLACE
OF FATHER
(State or country)*Germany*MAIDEN NAME
OF MOTHER*Helene Walff*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)

Elliot M. Carter

(Address)

Cheltenham Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Jan 8 1901

I HEREBY CERTIFY, That I attended deceased from
Jan 8 1901, to *Jan 13 1901*,
that I saw her alive on *Jan 13 1901*,
and that death occurred, on the date stated above, at *1 a. M.*
The CAUSE OF DEATH was as follows:

*Paralysis from
Apoplexy*

Contributory

(Signed)

Geo. W. Palmer M. D.

(Address)

Cheltenham 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

*Cheltenham Mich**Jan 17 1901*

UNDERTAKER

ADDRESS

*Ed. Mapes**Cheltenham Mich*

Filed

Jan 16 1901

A TRUE COPY

McKendall

Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>	Department of State—Division of Vital Statistics		
Township of <u>Chelsea</u>	TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
Village of <u>Chelsea</u>	Registered No. <u>29</u>		
City of <u>Chelsea</u>	(No. <u> </u>)	St. <u> </u>	Ward <u> </u>
FULL NAME <u>James Hepburn</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.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR <u>White</u>	DATE OF DEATH	(Month) <u>Jan</u> (Day) <u>14</u> (Year) <u>1901</u>
DATE OF BIRTH	(Month) <u>June</u> (Day) <u>5</u> (Year) <u>1909</u>	I HEREBY CERTIFY, That I attended deceased from <u>Mar 21 1900</u> , to <u>Jan 14 1901</u> , that I saw him alive on <u>Jan 14 1901</u> , and that death occurred, on the date stated above, at <u>8 A.M.</u>	
AGE	<u>1</u> YEARS <u>7</u> MONTHS <u>9</u> DAYS	The CAUSE OF DEATH was as follows: <u>Pneumonia</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	<u>Single</u>	(DURATION) <u>2</u> DAYS	
AGE AT MARRIAGE, NUMBER OF CHILDREN	{ If married, age at (first) marriage <u> </u> years Parent of <u> </u> children, of whom <u> </u> are living	Contributory <u>Tubercular Abscesses</u>	
BIRTHPLACE (State or country)	<u>Chelsea Mich</u>	(Signed) <u>H. W. Schmidt</u> M. D.	
NAME OF FATHER	<u>Arbust Hepburn</u>	<u>Jan 15 1901</u> (Address) <u>Chelsea Mich</u>	
BIRTHPLACE OF FATHER (State or country)	<u>Michigan</u>	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:	
MAIDEN NAME OF MOTHER	<u>Almira Hunter</u>	Former or usual residence <u> </u> How long at place of death? <u> </u> Days	
BIRTHPLACE OF MOTHER (State or country)	<u>Chelsea Mich</u>	Where was disease contracted, if not at place of death? <u> </u>	
OCCUPATION	<u> </u>	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF		<u>Chelsea Mich</u>	<u>Jan 17 1901</u>
(Informant) <u>Chas Hepburn</u>		UNDERTAKER	ADDRESS
(Address) <u>Chelsea Mich</u>		<u>J. Staffan & Son</u>	<u>Chelsea Mich</u>
		Filed <u>Jan 15 1901</u>	Registrar <u>W. H. Schuchert</u>

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of Chelsea

or

Village of Chelsea

or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 30

[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 Maggie Etta Sumner

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
March 28 1858

AGE 52 YEARS 9 MONTHS 21 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN

{ If married, age at (first) marriage 20 years
Parent of 1 children, of whom 0 are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Abraham Stoddard

BIRTHPLACE OF FATHER (State or country)

New York

MAIDEN NAME OF MOTHER

Margaret Smith

BIRTHPLACE OF MOTHER (State or country)

New York

OCCUPATION

Housewife

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

(Informant) Mrs E Monroe(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from Dec #8 1900 to Jan 19 1901, that I saw her alive on Jan 19 1901, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

Spinalclerosis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Byron Defendorf M. D.Jan 21 1901 (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

Vermont Cemetery

DATE OF BURIAL

Jan 14 1901

UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea Mich

Filed

Jan 21 1901

A TRUE COPY

W. H. Beselchmidt

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

MARGIN RESERVED FOR BINDING.

Form 23—6-00-500 bks., 100 pages.

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____ St.; _____ Ward)

Registered No. 6

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

FULL NAME Ira Ole Kantlehner

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Feb</u> (Day) <u>7</u> (Year) <u>1911</u>	
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) <u>Chelsea Mich</u>	
NAME OF FATHER <u>Geo Kantlehner</u>	
BIRTHPLACE OF FATHER (State or country) <u>Chelsea Mich</u>	
MAIDEN NAME OF MOTHER <u>Ella Bagge</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Kansas</u>	
OCCUPATION _____	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>Geo Kantlehner</u>	
(Address) <u>Chelsea Mich</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>7</u>	(Year) <u>1911</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: <u>Stillborn</u>			
Contributory _____ (DURATION) _____ DAYS			
(Signed) <u>Andros Gulde</u> M. D. <u>Feb 9 1911</u> (Address) <u>Chelsea</u>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:			
Former or usual residence _____		How long at place of death? _____ Days	
Where was disease contracted, if not at place of death? _____			
PLACE OF BURIAL OR REMOVAL <u>Oak Grove Cemetery</u>		DATE OF BURIAL <u>Feb 8</u> 190 <u>11</u>	
UNDERTAKER <u>J. Staffant & Son</u>		ADDRESS <u>Chelsea Mich</u>	
Filed <u>Mar 3rd 1911</u>		A TRUE COPY <u>W. H. Cheselchurck</u> Registrar	

MARGIN RESERVED FOR BINDING.

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or _____

Village of Chelsea

or _____

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 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 Rosa Maria Melkison

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year) 1

AGE 72 YEARS 6 MONTHS 6 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years
Parent of 4 children, of whom 3 are living

BIRTHPLACE (State or country) MichiganNAME OF FATHER Berg morseBIRTHPLACE OF FATHER (State or country) New YorkMAIDEN NAME OF MOTHER Don't knowBIRTHPLACE OF MOTHER (State or country) Don't knowOCCUPATION Housewife

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

(Informant) A. W. Melkison(Address) Chelsea mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year) Feb 17 1901

I HEREBY CERTIFY, That I attended deceased from Dec 1909, to Feb 17 1901
that I saw her alive on Feb 17 1901
and that death occurred, on the date stated above, at 110 P. M.

The CAUSE OF DEATH was as follows;

Bright's Disease
Chronic

Contributory _____

(Signed) John C. Woods M. D.At 3 1901 (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 CemeteryDATE OF BURIAL Feb 21 1901UNDERTAKER F. Staffan & SonADDRESS Chelsea michFiled Mar 3 1901

A TRUE COPY

W. K. Kerschmidt

Registrar

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MARGIN RESERVED FOR BINDING.

Form 98—6-08-500 bits, 100 pages.

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____
or _____Village of Chelsea

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.)

FULL NAME Nellie Ann Van Fleet

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) Jan (Day) 28 (Year) 1881

AGE 30 YEARS 0 MONTHS 26 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage 17 years

Parent of 1 children, of whom 1 are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Aaron Jones

BIRTHPLACE OF FATHER (State or country)

New York

MAIDEN NAME OF MOTHER

Melonia Schenckhorn

BIRTHPLACE OF MOTHER (State or country)

Michigan

OCCUPATION

Housewife

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

(Informant) Lester Van Fleet(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Feb (Day) 24 (Year) 1901

I HEREBY CERTIFY, That I attended deceased from Jan 13 1901 to Feb 24 1901, that I saw her alive on Feb 24 1901, and that death occurred, on the date stated above, at 10 45 M.

The CAUSE OF DEATH was as follows:

Chronic Diffuse Peritonitis
Ovarian Tumor
(non puerperal) (DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) Andros Gulde M. D.Feb 25 1901 (Address) Chelsea Mich

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

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

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

PLACE OF BURIAL OR REMOVAL

Dexter Mich

DATE OF BURIAL

Feb 27 1901

UNDERTAKER

SA Mapes

ADDRESS

Chelsea MichFiled Feb 27 1901A TRUE COPY W. B. Schenckhorn

Registrar

MARGIN RESERVED FOR BINDING.

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

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan
or
Village of Chelsea
or
City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

FULL NAME

Walter Vail

St.; _____ Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White
DATE OF BIRTH (Month) (Day) (Year)
Feb 8 1901
AGE Still Born
YEARS MONTHS DAYSSINGLE, MARRIED,
WIDOWED, OR DIVORCEDAGE AT MARRIAGE,
NUMBER OF CHILD-
REN{ If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are livingBIRTHPLACE
(State or country)Chelsea MichNAME OF
FATHERThos VailBIRTHPLACE
OF FATHER
(State or country)maine usa
Matilda MayerMAIDEN NAME
OF MOTHERMatilda MayerBIRTHPLACE
OF MOTHER
(State or country)Michigan

OCCUPATION

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

(Informant)

Thos Vail

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Feb 8 1901I HEREBY CERTIFY, That I attended deceased from
Feb 8 1901 to Feb 8 1901
that I saw him alive on Feb 8 1901
and that death occurred, on the date stated above, at 12 a-m
The CAUSE OF DEATH was as follows:Non Union of Cervical Bones

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

Geo W Palmer

M D

Feb 9 1901

(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

Freedom Cemetery

DATE OF BURIAL

Feb 9 1901

UNDERTAKER

F Staffan & Son

ADDRESS

Chelsea Mich

Filed

Mar 6 1901

A TRUE COPY

W H Busch

Registrar

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PLACE OF DEATH

County of CharlevoixTownship of Sylvan

or

Village of Chelsea

or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 10

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

FULL NAME Lizzie Sumner

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>		
DATE OF BIRTH	(Month) <u>Aug</u>	(Day) <u>15</u>	(Year) <u>1849</u>
AGE <u>61</u> YEARS <u>6</u> MONTHS <u>27</u> DAYS			

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

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

BIRTHPLACE
(State or country)MichiganNAME OF
FATHERJas SnowBIRTHPLACE
OF FATHER
(State or country)EnglandMAIDEN NAME
OF MOTHERMargette SmithBIRTHPLACE
OF MOTHER
(State or country)New York

OCCUPATION

HousewifeTHE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF(Informant) Mrs Ed Monroe(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) 2(Year) 1901

I HEREBY CERTIFY, That I attended deceased from Feb 28 1901, to Mar 2 1901,
 that I saw her alive on Mar 2 1901,
 and that death occurred, on the date stated above, at 11:50 P. M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Geo W Palmer

M. D.

Mar 5 1901(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

Vermont Cemetery

DATE OF BURIAL

Mar 6 1901

UNDERTAKER

SA Mapes

ADDRESS

Chelsea

Filed

Mar 6 1901

A TRUE COPY

W B Kerschbaum

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

Chelsea

Registered No. 11

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

Lettice Holmes

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

May

8

1873

AGE

87

YEARS

11

MONTHS

11

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

Asa L. Smith

BIRTHPLACE OF FATHER (State or country)

Mass.

MAIDEN NAME OF MOTHER

Syrina Irons

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)

Dr. Thos. Holmes

(Address)

Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

April

19

1911

I HEREBY CERTIFY, That I attended deceased from April 18 1911, to April 18 1911, that I saw her alive on April 18 1911, and that death occurred, on the date stated above, at 2:30 AM

The CAUSE OF DEATH was as follows:

Coronary Pneumonia

(DURATION)

DAYS

Contributory

(DURATION)

DAYS

(Signed)

H. W. Schmidt

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

Ann Arbor

April 21 1911

UNDERTAKER

ADDRESS

S. A. Mapes

Chelsea

Filed

April 24 1911

A TRUE COPY

Hector Cooper

Registrar

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of

or

Village of Chelsea

or

City of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 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 Perry P. Barber

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH <u>Jan</u> (Month) <u>20</u> (Day) <u>1824</u> (Year)	
AGE <u>87</u> YEARS, <u>3</u> MONTHS, <u>1</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</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>West Camp N.L.</u>	
NAME OF FATHER <u>Perry Barber</u>	
BIRTHPLACE OF FATHER (State or country) <u>N.S.</u>	
MAIDEN NAME OF MOTHER <u>Dedrick</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Conn.</u>	
OCCUPATION	

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

(Informant) Edg. M. Barber(Address) Chelsea M.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>April</u>	(Day) <u>21</u>	(Year) <u>1901</u>
---------------	-------------------------	--------------------	-----------------------

I HEREBY CERTIFY, That I attended deceased from April 12 1901, to April 20 1901, that I saw h..... alive on....., 1901, and that death occurred, on the date stated above, at..... M. The CAUSE OF DEATH was as follows:

Atherosclerosis & Dilatation of Heart

Contributory

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

(Signed) E. M. Palmer M. D.April 30 1901 (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 <u>Oak Grove Cem</u>	DATE OF BURIAL <u>April 23 1901</u>
UNDERTAKER <u>J. Staffan & Son</u>	ADDRESS

Filed April 30 1901 H. E. Cooper Registrar

MARGIN RESERVED FOR BINDING.

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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 Chubbs
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 Adella Comstock

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR <u>white</u>		
DATE OF BIRTH	(Month) <u>Jan.</u>	(Day) <u>25</u>	(Year) <u>1856</u>
AGE <u>55</u> YEARS <u>4</u> MONTHS <u>23</u> DAYS			
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN <div style="display: flex; align-items: center;"> <div style="flex: 1;"> { If married, age at (first) marriage.....years Parent of.....children, of whom.....are living </div> </div>			
BIRTHPLACE (State or country) <u>Michigan</u>			
NAME OF FATHER <u>Henry I. Stinson</u>			
BIRTHPLACE OF FATHER (State or country) <u>New York</u>			
MAIDEN NAME OF MOTHER <u>Mary Alchin</u>			
BIRTHPLACE OF MOTHER (State or country) <u>England</u>			
OCCUPATION <u>Housewife</u>			

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH	(Month) <u>June</u>	(Day) <u>18</u>	(Year) <u>1901</u>
I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> 1901, to <u>June 18</u> 1901, that I saw her alive on <u>June 18</u> 1901, and that death occurred, on the date stated above, at <u>10.30 P.M.</u> The CAUSE OF DEATH was as follows: <u>Chronic paraneuritis</u> <u>Nephritis</u> (DURATION).....DAYS			
Contributory.....(DURATION).....DAYS			
(Signed) <u>S. G. Bush</u>		M. D.	
<u>June 11 1901</u> (Address) <u>Chubbs</u>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:			
Former or usual residence.....		How long at place of death?.....Days	
Where was disease contracted, if not at place of death?.....			
PLACE OF BURIAL OR REMOVAL <u>Oak Grove</u>		DATE OF BURIAL <u>June 21</u> 1901	
UNDERTAKER <u>S. A. Mapes</u>		ADDRESS <u>Chubbs</u>	
Filed <u>July 5</u> 1901		A TRUE COPY <u>Hector Cooper</u> Registrar	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
(Informant) Mrs. Emily Glazier
(Address) Chubbs

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PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

LastTownship of _____
or
Village of Chelsea
or
City of _____

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 Margareth Mohrlock

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR white
DATE OF BIRTH (Month) (Day) (Year)
June 26 1911
AGE
YEARS MONTHS DAYS
17SINGLE, MARRIED,
WIDOWED, OR DIVORCED _____AGE AT MARRIAGE, NUMBER OF CHILD-REN
If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are livingBIRTHPLACE (State or country) MichiganNAME OF FATHER Michael MohrlockBIRTHPLACE OF FATHER (State or country) MichiganMAIDEN NAME OF MOTHER Minnie HelmerBIRTHPLACE OF MOTHER (State or country) Michigan

OCCUPATION _____

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

(Informant) Michael Mohrlock
(Address) Chelsea Mich.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
July 12 1911I HEREBY CERTIFY, That I attended deceased from July 8 1911, to July 12 1911, that I saw her alive on July 12 1911, and that death occurred, on the date stated above, at 8, 9 A.M.
The CAUSE OF DEATH was as follows:Pemphigus Contagiosa

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) S. G. Bush M. D.July 13 1910 (Address) Chelsea

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

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

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

PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL July 14 1911UNDERTAKER S. A. Mapes ADDRESS ChelseaFiled July 21 1911 A TRUE COPY Hector Cooper Registrar

County of

Washburn

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

(No

St;

Ward)

Registered No.

15-

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

FULL NAME

Clarr Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

July

14

1910

AGE

1

YEARS

MONTHS

20

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)

Clerks Mich

NAME OF FATHER

Howard Brooks

BIRTHPLACE OF FATHER (State or country)

Michigan

MAIDEN NAME OF MOTHER

Henrietta Heber

BIRTHPLACE OF MOTHER (State or country)

Michigan

OCCUPATION

Housewife

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

(Informant)

Howard Brooks

(Address)

Clerks

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Aug.

4

1911

I HEREBY CERTIFY, That I attended deceased from July 30 1911 to Aug 4 1911 that I saw him alive on Aug 4 1911 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows:

Peritonitis

Contributory

(Signed) S. G. Bush Physician

Aug 5 1911 (Address) Clerks

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 Clerks Aug 7 1911

UNDERTAKER

ADDRESS

H. Staffan & Son Clerks

Filed

A TRUE COPY

Sept 7 1911 Hector Cooper

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of *Washtenaw*

Department of State—Division of Vital Statistics

Township of _____

or

Village of *Chelsea*

or

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. *16*

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

FULL NAME

Anna Bernadine Conlan

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	COLOR <i>white</i>		
DATE OF BIRTH <i>Sept</i> (Month) <i>19</i> (Day) <i>1908</i> (Year)			
AGE <i>3</i> YEARS <i>—</i> MONTHS <i>7</i> DAYS			

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)*Michigan*NAME OF
FATHER*John A. Conlan*BIRTHPLACE
OF FATHER
(State or country)*Michigan*MAIDEN NAME
OF MOTHER*Catherine M. Guire*BIRTHPLACE
OF MOTHER
(State or country)*Michigan*

OCCUPATION

*None*THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

John A. Conlan

(Address)

Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <i>Sept.</i>	(Day) <i>26</i>	(Year) <i>1961</i>
---------------	-------------------------	--------------------	-----------------------

I HEREBY CERTIFY, That I attended deceased from *Sept. 15* 1961, to *Sept 25* 1961, that I saw her alive on *Sept 25* 1961, and that death occurred, on the date stated above, at *2, A. M.*

The CAUSE OF DEATH was as follows:

Appendicitis + Peritonitis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

G. W. Palmer

M. D.

Oct 5 1961

(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

St. Ann

DATE OF BURIAL

Sept 27 1961

UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea

Filed

Oct. 5 1961

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PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

(No.

St.

Ward)

Registered No. 17

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

FULL NAME

(Still Born)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Dec

3

1911

AGE

Still Born

YEARS

MONTHS

DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

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

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Harvey Spingelberg

BIRTHPLACE OF FATHER (State or country)

Michigan

MAIDEN NAME OF MOTHER

Gula Steger

BIRTHPLACE OF MOTHER (State or country)

Michigan

OCCUPATION

None

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

(Informant)

G. M. Palmer

(Address)

Cochran

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Dec

3

1911

I HEREBY CERTIFY, That I attended deceased from

Dec 3 1911, to Dec 3 1911, that I saw him ~~dead~~ ^{alive} on Dec 3 1911

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

Disorder of Cord and Placenta Still Born

(DURATION)

DAYS

Contributory

(DURATION)

DAYS

(Signed)

G. M. Palmer

M. D.

Dec 7 1911

(Address)

Cochran

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

1911

UNDERTAKER

ADDRESS

Filed

Dec. 7 1911

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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 *Colusa*
or _____
City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. *18*

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

FULL NAME *Thomas Cassidy*

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	COLOR <i>White</i>		
DATE OF BIRTH (Month) <i>August</i> (Day) <i>1</i> (Year) <i>1839</i>			
AGE <i>72</i> YEARS, <i>4</i> MONTHS, <i>15</i> 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)

Michigan

NAME OF FATHER

John Cassidy

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Rose Timmons

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

Farmer, Retired

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

(Informant) *William Cassidy*(Address) *Colusa*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <i>Dec</i>	(Day) <i>16</i>	(Year) <i>1961</i>
---------------	--------------------	-----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from *Dec 8* 1961, to *Dec 16* 1961, that I saw him alive on *Dec 15* 1961, and that death occurred, on the date stated above, at *8:30 P.M.* The CAUSE OF DEATH was as follows:

Senile Debility

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) *John G. Woods* M.D.*Dec 1961* (Address) *Colusa 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 Cemetery

DATE OF BURIAL

Dec 20 1961

UNDERTAKER

S.A. Mapes

ADDRESS

Colusa

Filed

Dec 20 1961

A TRUE COPY

Hector Cooper

Registrar

PLACE OF DEATH

County of Washington

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of _____
or
Village of Chelsea
or
City of _____

(No. _____ St.; _____ Ward)

Registered No. 19

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

FULL NAME

Geo. J. Walz

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>Male</u>	COLOR	<u>White</u>
DATE OF BIRTH	(Month) <u>May</u>	(Day) <u>25</u>	(Year) <u>1846</u>
AGE	<u>65</u> YEARS	<u>7</u> MONTHS	<u>4</u> DAYS

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)GermanyNAME OF
FATHERMartin WalzBIRTHPLACE
OF FATHER
(State or country)GermanyMAIDEN NAME
OF MOTHERCarlotta KnappBIRTHPLACE
OF MOTHER
(State or country)Germany

OCCUPATION

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

(Informant)

Mrs. G. J. Walz
Chelsea

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF
DEATH

(Month)

(Day)

(Year)

Dec291961

I HEREBY CERTIFY, That I attended deceased from
Nov 18 1961 to Dec 29 1961
that I saw him alive on Dec 29 1961
and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis
with pleural pneumonia

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

G. W. Palmer

M. D.

190

(Address)

Chelsea

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

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

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

PLACE OF BURIAL OR REMOVAL

Oak Grove Cemetery

DATE OF BURIAL

Jan 2 1961

UNDERTAKER

S. A. Mapes

ADDRESS

Filed

Jan 2 1961

A TRUE COPY

Hector Cooper

Registrar

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

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Form 93-6-09-600 Rev. 100 pages.

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____
or _____
Village of Chubb
or _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City of _____ (No. _____ St.; _____ Ward)

Registered No. 1

FULL NAME

Richard W Hall

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Aug 14 1856

AGE 75 YEARS 5 MONTHS 12 DAYS

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

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

{ Parent of _____ children, of whom _____ are living

BIRTHPLACE
(State or country)Mich.NAME OF
FATHERDavid HallBIRTHPLACE
OF FATHER
(State or country)New YorkMAIDEN NAME
OF MOTHERMary HallBIRTHPLACE
OF MOTHER
(State or country)Pennsylvania

OCCUPATION

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

(Informant)

Miss Hall

(Address)

Chubb

MEDICAL CERTIFICATE OF DEATH

DATE OF
DEATH

(Month)

(Day)

(Year)

Jan251912

I HEREBY CERTIFY, That I attended deceased from
July 1 1901, to Jan 25 1902,
that I saw him alive on Jan 25 1902,
and that death occurred, on the date stated above, at 10 P M.

The CAUSE OF DEATH was as follows:

Pulmonary Edema

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

S. E. Bush

M. D.

Jan 26 1902 (Address)Chubb

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

Former or
usual residenceHow long at
place of death?

Days

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

PLACE OF BURIAL OR REMOVAL

UNDERTAKER

DATE OF BURIAL

Oak GroveJan 27 1902S. A. MapesChubb

Filed

Jan 27 1902 Hector Cooper

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PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

Clerbs

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

Geo. Woods Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Jan.

17

1898

AGE

14

YEARS

MONTHS

24

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

George Woods

BIRTHPLACE OF FATHER (State or country)

Michigan

MAIDEN NAME OF MOTHER

Nellie Elliget

BIRTHPLACE OF MOTHER (State or country)

Ohio

OCCUPATION

Nour

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

(Informant)

Mr. Geo Woods

(Address)

Clerbs

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Feb.

6

1907

I HEREBY CERTIFY, That I attended deceased from December 1901, to Feb 5, 1907, that I saw him alive on February 5, 1907 and that death occurred, on the date stated above, at 2 A M.

The CAUSE OF DEATH was as follows:

Exhaustion due to Epilepsy

Contributory

11 years

(DURATION)

DAYS

Epilepsy

(Signed)

J. G. Woods

M. D.

Feb 6 1907 (Address)

Clerbs

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

Former or

usual residence

How long at

place of death?

Days

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Catholic Cemetery

Feb 8

1907

UNDERTAKER

ADDRESS

S. A. Mapro

Clerbs

Filed

Feb 12 1907

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Form 9-9-06-500 bks., 100 pages.

Form 9-9-06-500 bks., 100 pages.

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 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 Lavinia B. Fonda

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Feb</u> (Day) <u>22</u> (Year) <u>1890</u>	
AGE <u>91</u> YEARS, <u>10</u> MONTHS, <u>0</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>New York</u>	
NAME OF FATHER <u>Unknown</u>	
BIRTHPLACE OF FATHER (State or country) <u>"</u>	
MAIDEN NAME OF MOTHER <u>"</u>	
BIRTHPLACE OF MOTHER (State or country) <u>"</u>	
OCCUPATION	

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

(Informant) C. W. Saunders
(Address) Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>22</u>	(Year) <u>1902</u>
---------------	--------------------	-----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from Jan 1902 to Feb 22, 1902, that I saw her alive on Feb 21, 1902, and that death occurred, on the date stated above, at 2 A M. The CAUSE OF DEATH was as follows:

Jaudice's
(DURATION) 7 DAYS
Contributory Old Age
(DURATION) _____ DAYS
(Signed) J. P. Woods M. D.
Feb 23 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 <u>Brighton</u>	DATE OF BURIAL <u>Feb 26</u> 1902
---	--------------------------------------

UNDERTAKER <u>S. J. Mapes</u>	ADDRESS
----------------------------------	---------

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Hector Cooper
Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of Chickara

or _____

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 Francis E. Ewell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) Sep (Day) 22 (Year) 1822

AGE 89 YEARS 4 MONTHS 25 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) New YorkNAME OF FATHER UnknownBIRTHPLACE OF FATHER (State or country) 4MAIDEN NAME OF MOTHER 4BIRTHPLACE OF MOTHER (State or country) 4

OCCUPATION

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

(Informant) C. W. Saunders(Address) Chickara M.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Feb (Day) 17 (Year) 1912

I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to Feb 17 1912, that I saw her alive on Feb 17 1912, and that death occurred, on the date stated above, at 12 A M

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) S. G. Bush M. D.Feb 19 1912 (Address) Chickara

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 Washington Mich DATE OF BURIAL Feb 21 1912UNDERTAKER S. G. Mapes ADDRESS Chickara

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Form 93—6-09-500 bks., 100 pages.

STATE OF MICHIGAN

PLACE OF DEATH

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or

Village of Cherbsa

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 Courtney Fern

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Sept</u> (Day) <u>25</u> (Year) <u>1835</u>	AGE <u>76</u> YEARS <u>4</u> MONTHS <u>12</u> DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

BIRTHPLACE
(State or country)Michigan

NAME OF FATHER

Jelly FernBIRTHPLACE OF FATHER
(State or country)Vermont

MAIDEN NAME OF MOTHER

Betsy MacIntyreBIRTHPLACE OF MOTHER
(State or country)Vermont

OCCUPATION

Janitor

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

(Informant)

J. C. Fern

(Address)

Cherbsa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>7</u>	(Year) <u>1902</u>
---------------	--------------------	----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from Feb 7 1902, to Feb 7 1902, that I saw him alive on Feb 7 1902, and that death occurred, on the date stated above, at 7 PM.
The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

Contributory _____

(Signed)

Andrew Guller

Mar 1 1902

(Address) Cherbsa

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 Cherbsa

DATE OF BURIAL

Feb 10

UNDERTAKER

J. Staffan Son

ADDRESS

Cherbsa

Filed

Mar 2

1902

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Registrar

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PLACE OF DEATH

PLACE OF DEATH

County of WashtenawTownship of _____
or
Village of Cherbury
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 Mrs. Bayel

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Nov</u> (Day) <u>25</u> (Year) <u>1810</u>	
AGE <u>101</u> YEARS, <u>2</u> MONTHS, <u>23</u> 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) New York StateNAME OF FATHER Abel PeckBIRTHPLACE OF FATHER
(State or country) N. York (Supposed)MAIDEN NAME OF MOTHER Betsy RandallBIRTHPLACE OF MOTHER
(State or country) N. York (Supposed)OCCUPATION NurseTHE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF(Informant) Geo. P. Staffan
(Address) Cherbury Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>17</u>	(Year) <u>1912</u>
---------------	--------------------	-----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from Feb 15 1912, to Feb 17 1912,
that I saw her alive on Feb 17 1912,
and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH was as follows:

Broncho Pneumonia

Contributory _____ (DURATION) _____ DAYS

(Signed) S. G. Bush M. D.Feb 17 1912 (Address) CherburySPECIAL 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 Feb 20 1912UNDERTAKER G. Staffan & Son ADDRESS CherburyFiled March 2 1912 A TRUE COPY Hector Cooper
Registrar

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MARGIN RESERVED FOR BINDING.

STATE OF MICHIGAN

County of Washington

Department of State—Division of Vital Statistics

Township of
or *L. S. A.*

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of Churra
or

Registered No. 7

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

Catharine A. Bover

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female	COLOR	White
-----	--------	-------	-------

DATE OF BIRTH	(Month)	(Day)	(Year)
	Aug	11	1833

AGE 78 YEARS, 6 MONTHS, 9 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)

New York

NAME OF FATHER

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

~~Not a man~~

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) Mr. Saunders Supt
(Address) Old Peoples Home
Clerks Mich.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) Feb	(Day) 20	(Year) 1982
---------------	----------------	-------------	----------------

I HEREBY CERTIFY, That I attended deceased from
Jan 16 1902 to Feb 20 1902
that I saw her alive on Feb 19 1902

and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

Contributory

(Signed)..... M D

190 (Address).....

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

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

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

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

UNDERTAKER	ADDRESS
------------	---------

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Mar 2 1902 Hester Cooper

Registrar

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Form #3--0-00-500 bks., 100 pages.

PLACE OF DEATH
County of Washtenaw

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

Township of _____
or
Village of Cherbsa
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.]

FULL NAME Ralph W. Hirth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White
DATE OF BIRTH (Month) (Day) (Year)
Oct 15 1895
AGE 16 YEARS 4 MONTHS 10 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 Simon Hirth

BIRTHPLACE OF FATHER (State or country) Michigan

MAIDEN NAME OF MOTHER Addie Spier

BIRTHPLACE OF MOTHER (State or country) Michigan

OCCUPATION Nurse

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

(Informant) Simon Hirth
(Address) Cherbsa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Feb 25 1912

I HEREBY CERTIFY, That I attended deceased from Feb 1 1912, to Feb 25 1912, that I saw him alive on Feb 25 1912, and that death occurred, on the date stated above, at 5 P. M.
The CAUSE OF DEATH was as follows:

Epilepsy

Contributory Hypostatic pneumonia (DURATION) 7 yrs DAYS

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

Feb 26 1912 (Address) Cherbsa

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 28 1912

UNDERTAKER S. A. Mapes ADDRESS Cherbsa

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PLACE OF DEATH

County of

Washtenaw

Township of

or

Village of

or

City of

(No.

St.

Ward)

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

Elizabeth Ravolt

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

white

DATE OF BIRTH

(Month)

(Day)

(Year)

May

29

1830

AGE

81

YEARS

10

MONTHS

15

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)

Germany

NAME OF FATHER

Peter Mahn

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

unknown

BIRTHPLACE OF MOTHER (State or country)

unknown

OCCUPATION

None

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

(Informant)

Mrs. Mary Davis

(Address)

Chickara Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

March

14

1902

I HEREBY CERTIFY, That I attended deceased from March 11 1902, to March 11 1902, that I saw her alive on March 11 1902, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH was as follows:

Arterio Sclerosis

Nephritis

(DURATION)

DAYS

Contributory

(DURATION)

DAYS

(Signed)

Geo. W. Palmer

M. D.

March 14 1902

(Address)

Chickara

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

Traverse City

DATE OF BURIAL

March 16 1902

UNDERTAKER

S. A. Mapes

ADDRESS

Chickara

Filed

March 18 1902

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Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of Chubbs

or _____

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

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

FULL NAME Mrs. M. Kaudela

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR GreekDATE OF BIRTH (Month) (Day) (Year)
not known 1885AGE 27 YEARS — MONTHS — 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) GreeceNAME OF FATHER Foralanto KaudelaBIRTHPLACE OF FATHER (State or country) GreeceMAIDEN NAME OF MOTHER MakumBIRTHPLACE OF MOTHER (State or country) GreeceOCCUPATION Section Labor R.R.

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

(Informant) Geo. C. Staffan(Address) Chubbs MichDATE OF DEATH (Month) (Day) (Year)
Mar 15 1912

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:
On Mar 15, 1912 at about 7 o'clock J. M. Mrs. Kaudela was struck by Train #9 on P.M. C.R.R. right of way & instantly killed
Contributory _____ (DURATION) _____ DAYS

(Signed) J. D. Withers Justice of Peace M. D. and acting coroner Chubbs Mich
Mar 16, 1912 (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 Oak Grove Cem. DATE OF BURIAL Mar 18 1912UNDERTAKER Staffan & Son ADDRESS ChubbsFiled Mar 20 1912 A TRUE COPY Hector Cooper Registrar

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH
County of Washtenaw
Township of _____
or
Village of Clarkra
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 Margaret Behan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) (Day) (Year)
May 5 1899
AGE 82 YEARS 8 MONTHS 17 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)

Ireland

NAME OF FATHER

Michael Howe

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Mary Murry

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

None

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

(Informant) Geo. P. Staffan
(Address) Clarkra

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
March 22 1982

I HEREBY CERTIFY, That I attended deceased from March 14 1982, to March 21 1982, that I saw her alive on March 21 1982, and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

Contributory _____

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

Mar 23 1982 (Address) Clarkra 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

March 25 1982

UNDERTAKER

Staffan Son

ADDRESS

Clarkra

Filed

March 25 1982

A TRUE COPY

Hector Cooper

Registrar

MARGIN RESERVED FOR BINDING.

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PLACE OF DEATH

STATE OF MICHIGAN

County of *Washtenaw*

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

-or
Village of *Chelsea*Registered No. *17*

or

City of _____

(No. _____

St.; _____

Ward) _____

FULL NAME

John G. Hoover

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR *white*DATE OF BIRTH (Month) (Day) (Year)
*Oct 5 1835*AGE
76 YEARS *5* MONTHS *24* DAYSSINGLE, 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 livingBIRTHPLACE
(State or country)*New York*NAME OF
FATHER*John Hoover*BIRTHPLACE
OF FATHER
(State or country)*New York*MAIDEN NAME
OF MOTHER*Fanny Curran*BIRTHPLACE
OF MOTHER
(State or country)*New York*

OCCUPATION

*House Carpenter*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)

*March**29**1907*I HEREBY CERTIFY, That I attended, deceased from
March 23 1907, to *March 29 1907*,
that I saw him alive on *March 29 1907*,
and that death occurred, on the date stated above, at *5 P. M.*
The CAUSE OF DEATH was as follows:*Broncho pneumonia*

Contributory

Arterio Sclerosis

(Signed)

S. G. Bush

M. D.

Mar 31 1907 (Address)*Chelsea*

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

Former or

How long at

usual residence

place of death?

Days

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Oak Grove**Mar 31 1907*

UNDERTAKER

ADDRESS

*S. A. Mapes**Chelsea*

Filed

A TRUE COPY

*March 31 1907**Hector Cooper*

Registrar

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

MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____

or

Village of Chickasaw

or

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 103
74

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

St. _____ Ward _____

FULL NAME Wm. E. Linn Fow

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Jan (Day) 14 (Year) 1911

AGE 1 YEARS, 2 MONTHS, 18 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

William Fow

BIRTHPLACE OF FATHER (State or country)

Michigan

MAIDEN NAME OF MOTHER

Adna Stratten

BIRTHPLACE OF MOTHER (State or country)

Michigan

OCCUPATION

None

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

(Informant) Wm. J. Fow(Address) Chickasaw

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) April (Day) 2 (Year) 1912

I HEREBY CERTIFY, That I attended deceased from March 20 1912 to April 2 1912, that I saw him alive on April 2 1912, and that death occurred, on the date stated above, at H.P.M.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Geo. W. Palmer M. D.apl. 5 1912 (Address) Chickasaw

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

April 4 1912

UNDERTAKER

S.A. Maps

ADDRESS

Chickasaw

Filed

April 7 1912 Hector Cooper

Registrar

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Form 93—6-09-500 bks., 100 pages.

PLACE OF DEATH
County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____
Village of Chickara
or _____
City of _____

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 Sara L. Conklin

(No. _____ St. _____ Ward _____)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) (Day) (Year)
February 16 1842
AGE 70 YEARS 2 MONTHS 19 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

Jas. Runciman

BIRTHPLACE OF FATHER (State or country)

Scotland

MAIDEN NAME OF MOTHER

Isabella Carter

BIRTHPLACE OF MOTHER (State or country)

Scotland

OCCUPATION

Housewife

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

(Informant) C. J. Conklin
(Address) Chickara

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
April 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan'y 4 1907, to April 5, 1907, that I saw her alive on April 5, 1907, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Contributory _____

(Signed) Geo. W. Palmer M. D.
April 10 1907 (Address) Chickara

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

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

PLACE OF BURIAL OR REMOVAL Waterloo Mich DATE OF BURIAL April 8 1907

UNDERTAKER S. A. Mapes ADDRESS Chickara

Filed April 10 1907 A TRUE COPY Arcton Cropper Registrar

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

MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

County of Washtenaw

Township of _____

Village of Clarkburg

City of _____

(No. _____ St.; _____ Ward)

Registered No. 15

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

FULL NAME Russell Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) May (Day) 21 (Year) 1912

AGE 11 YEARS, 11 MONTHS, 18 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)

Mich.

NAME OF FATHER

Lloyd Johnson

BIRTHPLACE OF FATHER (State or country)

Mich.

MAIDEN NAME OF MOTHER

Lydia Hauser

BIRTHPLACE OF MOTHER (State or country)

Mich.

OCCUPATION _____

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

(Informant) Geo. P. Staffan(Address) Clarkburg

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) April (Day) 3 (Year) 1922

I HEREBY CERTIFY, That I attended deceased from March 23 1922 to April 3 1922, that I saw him alive on April 3 1922, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Geo. W. Palmer M. D.Date April 4 1922 (Address) Clarkburg

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

April 5 1922

UNDERTAKER

Staffan & Son ClarkburgFiled May 6 1922 A TRUE COPY Hector Cooper

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of *Washtenaw*

Department of State—Division of Vital Statistics

Township of _____

Village of *Chickadee*

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. *116*

(No. _____ St.; _____ Ward)

FULL NAME *Appalonia Spirnagler*

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *white*

DATE OF BIRTH (Month) (Day) (Year)
Jan. 20 1859

AGE *60* YEARS *1* 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) *Germany*NAME OF FATHER *Jang*BIRTHPLACE OF FATHER (State or country) *Germany*MAIDEN NAME OF MOTHER *Cortala Kemp*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) *Mary Spirnagler*(Address) *Chickadee*

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from *Mar 28 1907* to *April 4 1907*, that I saw her alive on *April 4 1907*, and that death occurred, on the date stated above, at *5:30 A.M.*

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) *Andrew Gilder* M. D.*April 5 1907* (Address) *Chickadee*

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 *Mount Olivet* DATE OF BURIAL *April 7 1907*UNDERTAKER *H. Staffan & Son* ADDRESS *Chickadee*Filed *April 8 1907* A TRUE COPY *Hector Cooper* 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 Chelsea
or _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City of _____

(No. _____ St.; _____ Ward)

Registered No. 157

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

FULL NAME

Austin Heselchewdt

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>		
DATE OF BIRTH	(Month) <u>March</u>	(Day) <u>20</u>	(Year) <u>1911</u>
AGE	<u>1</u> YEARS, <u>1</u> MONTHS, <u>8</u> DAYS		

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)MichiganNAME OF
FATHERConrad HeselchewdtBIRTHPLACE
OF FATHER
(State or country)Mich.MAIDEN NAME
OF MOTHERMargaret JacksonBIRTHPLACE
OF MOTHER
(State or country)Michigan

OCCUPATION

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

(Informant)

Geo. C. Staffan

(Address)

Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>April</u>	(Day) <u>19</u>	(Year) <u>1912</u>
---------------	-------------------------	--------------------	-----------------------

I HEREBY CERTIFY, That I attended deceased from
April 16 1912 to April 18 1912,
that I saw him alive on April 18 1912,
and that death occurred, on the date stated above, at 1 P M.
The CAUSE OF DEATH was as follows:

Broncho pneumonia(DURATION) 1 1/2 DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

S. G. Bush

M. D.

April 20 1912

(Address)

Chelsea

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

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

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

PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

April 20 1912

UNDERTAKER

G. Staffan & Son

ADDRESS

Chelsea

Filed

April 21 1912

A TRUE COPY

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2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2840, 2841, 2842, 2843, 2844, 2845, 2846, 2847, 2848, 2849, 2850, 2851, 2852, 2853, 2854, 2855, 2856, 2857, 2858, 2859, 2860, 2861, 2862, 2863, 2864, 2865, 2866, 2867, 2868, 2869, 2870, 2871, 2872, 2873, 2874, 2875, 2876, 2877, 2878, 2879, 2880, 2881, 2882, 2883, 2884, 2885, 2886, 2887, 2888, 2889, 2890, 2891, 2892, 2893, 2894, 2895, 2896, 2897, 2898, 2899, 2900, 2901, 2902, 2903, 2904, 2905, 2906, 2907, 2908, 2909, 2910, 2911, 2912, 2913, 2914, 2915, 2916, 2917, 2918, 2919, 2920, 2921, 2922, 2923, 2924, 2925, 2926, 2927, 2928, 2929, 2930, 2931, 2932, 2933, 2934, 2935, 2936, 2937, 2938, 2939, 2940, 2941, 2942, 2943, 2944, 2945, 2946, 2947, 2948, 2949, 2950, 2951, 2952, 2953, 2954, 2955, 2956, 2957, 2958, 2959, 2960, 2961, 2962, 2963, 2964, 2965, 2966, 2967, 2968, 2969, 2970, 2971, 2972, 2973, 2974, 2975, 2976, 2977, 2978, 2979, 2980, 2981, 2982, 2983, 2984, 2985, 2986, 2987, 2988, 2989, 2990, 2991, 2992, 2993, 2994, 2995, 2996, 2997, 2998, 2999, 3000, 3001, 3002, 3003, 3004, 3005, 3006, 3007, 3008, 3009, 3010, 3011, 3012, 3013, 3014, 3015, 3016, 3017, 3018, 3019, 3020, 3021, 3022, 3023, 3024, 3025, 3026, 3027, 3028, 3029, 3030, 3031, 3032, 3033, 3034, 3035, 3036, 3037, 3038, 3039, 3040, 3041, 3042, 3043, 3044, 3045, 3046, 3047, 3048, 3049, 3050, 3051, 3052, 3053, 3054, 3055, 3056, 3057, 3058, 3059, 3060, 3061, 3062, 3063, 3064, 3065, 3066, 3067, 3068, 3069, 3070, 3071, 3072, 3073, 3074, 3075, 3076, 3077, 3078, 3079, 3080, 3081, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3089, 3090, 3091, 3092, 3093, 3094, 3095, 3096, 3097, 3098, 3099, 3100, 3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3109, 3110, 3111, 3112, 3113, 3114, 3115, 3116, 3117, 3118, 3119, 3120, 3121, 3122, 3123, 3124, 3125, 3126, 3127, 3128, 3129, 3130, 3131, 3132, 3133, 3134, 3135, 3136, 3137, 3138, 3139, 3140, 3141, 3142, 3143, 3144, 3145, 3146, 3147, 3148, 3149, 3150, 3151, 3152, 3153, 3154, 3155, 3156, 3157, 3158, 3159, 3160, 3161, 3162, 3163, 3164, 3165, 3166, 3167, 3168, 3169, 3170, 3171, 3172, 3173, 3174, 3175, 3176, 3177, 3178, 3179, 3180, 3181, 3182, 3183, 3184, 3185, 3186, 3187, 3188, 3189, 3190, 3191, 3192, 3193, 3194, 3195, 3196, 3197, 3198, 3199, 3200, 3201, 3202, 3203, 3204, 3205, 3206, 3207, 3208, 3209, 3210, 3211, 3212, 3213, 3214, 3215, 3216, 3217, 3218, 3219, 3220, 3221, 3222, 3223, 3224, 3225, 3226, 3227, 3228, 3229, 3230, 3231, 3232, 3233, 3234, 3235, 3236, 3237, 3238, 3239, 3240, 3241, 3242, 3243, 3244, 3245, 3246, 3247, 3248, 3249, 3250, 3251, 3252, 3253, 3254, 3255, 3256, 3257, 3258, 3259, 3260, 3261, 3262, 3263, 3264, 3265, 3266, 3267, 3268, 3269, 3270, 3271, 3272, 3273, 3274, 3275, 3276, 3277, 3278, 3279, 3280, 3281, 3282, 3283, 3284, 3285, 3286, 3287, 3288, 3289, 3290, 3291, 3292, 3293, 3294, 3295, 3296, 3297, 3298, 3299, 3300, 3301, 3302, 3303, 3304, 3305, 3306, 3307, 3308, 3309, 3310, 3311, 3312, 3313, 3314, 3315, 3316, 3317, 3318, 3319, 3320, 3321, 3322, 3323, 3324, 3325, 3326, 3327, 3328, 3329, 3330, 3331, 3332, 3333, 3334, 3335, 3336, 3337, 3338, 3339, 3340, 3341, 3342, 3343, 3344, 3345, 3346, 3347, 3348, 3349, 3350, 3351, 3352, 3353, 3354, 3355, 3356, 3357, 3358, 3359, 3360, 3361, 3362, 3363, 3364, 3365, 3366, 3367, 3368, 3369, 3370, 3371, 3372, 3373, 3374, 3375, 3376, 3377, 3378, 3379, 3380, 3381, 3382, 3383, 3384, 3385, 3386, 3387, 3388, 3389, 3390, 3391, 3392, 3393, 3394, 3395, 3396, 3397, 3398, 3399, 3400, 3401, 3402, 3403, 3404, 3405, 3406, 3407, 3408, 3409, 3410, 3411, 3412, 3413, 3414, 3415, 3416, 3417, 3418, 3419, 3420, 3421, 3422, 3423, 3424, 3425, 3426, 3427, 3428, 3429, 3430, 3431, 3432, 3433, 3434, 3435, 3436, 3437, 3438, 3439, 3440, 3441, 3442, 3443, 3444, 3445, 3446, 3447, 3448, 3449, 3450, 3451, 3452, 3453, 3454, 3455, 3456, 3457, 3458, 3459, 3460, 3461, 3462, 3463, 3464, 3465, 3466, 3467, 3468, 3469, 3470, 3471, 3472, 3473, 3474, 3475, 3476, 3477, 3478, 3479, 3480, 3481

PLACE OF DEATH

STATE OF MICHIGAN

County of *Washtenaw*

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of *Chickara*

or _____

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. *18*

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

FULL NAME *John Geo Herschewentt*

(No. _____ St. _____ Ward _____)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) *May* (Day) *13* (Year) *1857*

AGE *59* YEARS *11* MONTHS *26* 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

J. G. Herschewentt

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Elizabeth Grossman

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. P. Staffan*(Address) *Chickara*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) *May* (Day) *9* (Year) *1917*

I HEREBY CERTIFY, That I attended deceased from *March 31* 1917, to *May 9* 1917, that I saw him alive on *May 18* 1917, and that death occurred, on the date stated above, at *7:30 A.M.*

The CAUSE OF DEATH was as follows:

Asthenia
Carcinoma of Stomach

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) *Andros Gault* M. D.*May 10* 1917 (Address) *Chickara*

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

May 11 1917

UNDERTAKER

G. Staffan & Son

ADDRESS

Filed *May 12* 1917 *John Cooper* Registrar

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

County of WashtenawTownship of _____
or _____Village of Clark
or _____

City of _____

(No. _____ St.; _____ Ward)

FULL NAME

Bertha HelmerichRegistered No. 19

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Sept11830

AGE

81815DAYSSINGLE, MARRIED,
WIDOWED, OR DIVORCEDWidowAGE 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

Fred RodelBIRTHPLACE
OF FATHER
(State or country)GermanyMAIDEN NAME
OF MOTHERDon't knowBIRTHPLACE
OF MOTHER
(State or country)Germany

OCCUPATION

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

(Informant)

Geo. P. Staffan

(Address)

Clark

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)

May151912

I HEREBY CERTIFY, That I attended deceased from

May 14 1912 to May 14 1912that I saw her alive on May 14 1912and that death occurred, on the date stated above, at 4, 9 M.

The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

Geo. W. Palmer

M. D.

May 16 1912(Address) Clark

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

Oak Grove

DATE OF BURIAL

May 20 1912

UNDERTAKER

J. Staffan & Son

ADDRESS

Clark

Filed

May 21 1912

A TRUE COPY

Heater Cooper

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or

Village of Clerbsa

or

City of _____

(No. _____

St.; _____

Ward) _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20

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

FULL NAME Alexander

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
May 15 1912

AGE Lived about 6 hours
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) MichiganNAME OF FATHER Miles AlexanderBIRTHPLACE OF FATHER (State or country) Clerbsa MichMAIDEN NAME OF MOTHER Pearl MayBIRTHPLACE OF MOTHER (State or country) Michigan

OCCUPATION _____

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

(Informant) Geo. Staffan(Address) Clerbsa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
May 15 1912

I HEREBY CERTIFY, That I attended deceased from May 15 1912, to May 15 1912, that I saw him alive on May 15 1912, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH was as follows:

Premature Birth

Contributory _____ (DURATION) _____ DAYS

(Signed) Andrew Giller M. D. (DURATION) _____ DAYS(Address) Clerbsa

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 Clerbsa DATE OF BURIAL May 15 1912UNDERTAKER H. Staffan Son ADDRESS ClerbsaFiled May 18 1912 A TRUE COPY Hector Cooper 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 Chelsea

or

City of _____

(No. _____)

St. _____

Ward _____

Registered No. 21

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

FULL NAME Martin Howe

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Dec 27 1849

AGE
70 YEARS 8 MONTHS 18 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)

Ireland

NAME OF
FATHER

Michael Howe

BIRTHPLACE
OF FATHER
(State or country)

Ireland

MAIDEN NAME
OF MOTHER

Mary Murry

BIRTHPLACE
OF MOTHER
(State or country)

Ireland

OCCUPATION

Retired Farmer

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

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
May 11 1902

I HEREBY CERTIFY, That I attended deceased from
Jan 1 1902 to May 11 1902
that I saw him alive on May 11 1902
and that death occurred, on the date stated above, at 6 a M.

The CAUSE OF DEATH was as follows:

Chronic interstitial Nephritis

Contributory _____

(Signed) S. G. BrushMay 13 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

Mt Olivet

DATE OF BURIAL

May 15 1902

UNDERTAKER

G. Staffan & Son

ADDRESS

Chelsea

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May 17 1902

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STATE OF MICHIGAN

PLACE OF DEATH

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of ChickaraRegistered No. 22or
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 Howard Everett

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) Oct (Day) 1 (Year) 1854AGE 57 YEARS 8 MONTHS 6 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) CaliforniaNAME OF FATHER Jay EverettBIRTHPLACE OF FATHER (State or country) MichiganMAIDEN NAME OF MOTHER Susan SmithBIRTHPLACE OF MOTHER (State or country) New YorkOCCUPATION Farmer

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

(Informant) Mrs. Howard Everett(Address) Chickara Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) June (Day) 7 (Year) 1912

I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to June 7 1912, that I saw him alive on June 7 1912, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH was as follows:

Hodgkins Disarr(DURATION) 14, 5 Mo Days

Contributory _____

(DURATION) _____ Days

(Signed) S. G. Bush M. D.June 8 1912 (Address) Chickara

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. DATE OF BURIAL June 10 1912UNDERTAKER S. A. Mapes ADDRESS ChickaraFiled June 10 1912 A TRUE COPY Hector Cooper Registrar

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PLACE OF DEATH

County of

Washtenaw

Township of

or

Village of

or

City of

(No.

St.;

Ward)

Registered No.

23

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

FULL NAME

Mary Brock

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

(Month)

(Day)

(Year)

Sept

20

1863

AGE

48

YEARS

9

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)

New York

NAME OF FATHER

Wagner

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Mary Fritz

BIRTHPLACE OF MOTHER (State or country)

New York

OCCUPATION

Housewife

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

(Informant)

Jas. Brock

(Address)

Clerksburg 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)

July

5

1902

HEREBY CERTIFY, That I attended deceased from

Jan 1 1902 to July 5 1902

that I saw her alive on July 5 1902

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION)..... DAYS

Contributory.....

(DURATION)..... DAYS

(Signed)

Geo. W. Palmer

M. D.

July 6 1902

(Address)

Clerksburg

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

DATE OF BURIAL

July 7

1902

UNDERTAKER

S. A. Mapes

ADDRESS

Clerksburg

Filed

July 8

1902

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Registrar

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PLACE OF DEATH
County of Washtenaw

Township of _____
or
Village of Chickra
or
City of _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 24

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

FULL NAME Melissa Day

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR <u>White</u>		
DATE OF BIRTH <u>Jan.</u>	(Month) <u>18</u>	(Day) <u>18</u>	(Year) <u>1846</u>
AGE <u>66</u>	<u>6</u>	<u>7</u>	<u>7</u>
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</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>New York</u>			
NAME OF FATHER <u>Unknown</u>			
BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>			
MAIDEN NAME OF MOTHER <u>Unknown</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>			
OCCUPATION <u>None</u>			

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

(Informant) Mr. Saunders
(Address) Chickra

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>July</u>	(Month) <u>23</u>	(Day) <u>25</u>	(Year) <u>1902</u>
I HEREBY CERTIFY, That I attended deceased from <u>July 23</u> 1902, to <u>July 25</u> 1902, that I saw her alive on <u>July 25</u> 1902, and that death occurred, on the date stated above, at <u>12 P. M.</u>			
The CAUSE OF DEATH was as follows: <u>Cerebral Embolism</u>			
Contributory _____			
(Signed) <u>S. G. Bush</u> M. D. <u>July 26 1902</u> (Address) <u>Chickra</u>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: Former or usual residence _____ How long at place of death? _____ Days Where was disease contracted, if not at place of death? _____			
PLACE OF BURIAL OR REMOVAL <u>Mason Mich</u>		DATE OF BURIAL <u>July 27</u> 1902	
UNDERTAKER <u>S. A. Mapes</u>		ADDRESS <u>Chickra</u>	
Filed <u>July 28</u> 1902		A TRUE COPY <u>Hector Cooper</u> 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

(No.

St;

Ward)

Registered No.

25

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

FULL NAME

Sara A. Sharv

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

white

DATE OF BIRTH

(Month)

(Day)

(Year)

May

7

1826

AGE

86

YEARS

2

MONTHS

24

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)

New York

NAME OF FATHER

John D. McComb

BIRTHPLACE OF FATHER (State or country)

Unknown

MAIDEN NAME OF MOTHER

Mary Letts

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)

E. E. Sharv

(Address)

Clerksburg

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

August

1

1902

I HEREBY CERTIFY, That I attended deceased from June 4, 1902, to August 1, 1902, that I saw her alive on August 1, 1902, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Heart Disease

(DURATION)..... DAYS

Contributory.....

(DURATION)..... DAYS

(Signed)

Geo. W. Palmer

M. D.

August 6, 1902

(Address)

Clerksburg

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

Aug 4

1902

UNDERTAKER

S. A. Mapes

ADDRESS

Clerksburg

Filed

August 6, 1902

A TRUE COPY

Hector Cooper

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 Chickra

or _____

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 26

(No. _____ St. _____ Ward _____)

FULL NAME

Harriet Strickhoff

(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) July (Day) 30 (Year) 1833

AGE 79 YEARS 6 MONTHS 3 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)

Michigan

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)

C. E. Saunders

(Address)

Chickra

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

August31902

I HEREBY CERTIFY, That I attended deceased from Aug 1 1902, to Aug 3 1902, that I saw her alive on Aug 3 1902, and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

Contributory

(Signed)

S. G. Bush

M. D.

Aug 3 1902

(Address)

Chickra

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

Temple Hill Mich

DATE OF BURIAL

Aug 5 1902

UNDERTAKER

S. A. Mapes

ADDRESS

Chickra

Filed

Aug 7 1902

A TRUE COPY

Arcton Cooper

Registrar

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

MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____

or

Village of Clarkburg

or

City of _____

(No. _____ St.; _____ Ward)

Registered No. 27

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

FULL NAME James Brooker

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

(Month)

Feb

(Day)

15

(Year)

1825

AGE

87

YEARS

6

MONTHS

2

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)

New York State

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER (State or country)

"

MAIDEN NAME OF MOTHER

"

BIRTHPLACE OF MOTHER (State or country)

"

OCCUPATION

Hotel keeper

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

(Informant) _____

(Address) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

Aug

(Day)

17

(Year)

1902

I HEREBY CERTIFY, That I attended deceased from

190 _____, to

190 _____,

that I saw him alive on Aug 17, 1902,and that death occurred, on the date stated above, at 11:45 P. M.

The CAUSE OF DEATH was as follows:

Chronic Intestinal Nephritis

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

S. G. Bush

M. D.

Aug 19 1902 (Address) Clarkburg

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

Aug 20

1902

UNDERTAKER

S. A. Mapes

ADDRESS

Clarkburg

Filed

Aug 19 1902

A TRUE COPY

Registrar

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PLACE OF DEATH
County of Washington

Township of
or
Village of Chelusa
or
City of

FULL NAME Catharine R. Stipe

Registered No. 28

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>		COLOR <i>white</i>	
DATE OF BIRTH	(Month) <i>May</i>	(Day) <i>3</i>	(Year) <i>1846</i>
AGE <i>66</i> YEARS <i>3</i> MONTHS <i>21</i> DAYS			

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

Massard

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) *Pennsylvania*

NAME OF FATHER Henry Hollick

BIRTHPLACE
OF FATHER
(State or country)

MAIDEN NAME
OF MOTHER *Hukunov*

**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)

(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) Aug	(Day) 24	(Year) 1912
---------------	----------------	-------------	----------------

I HEREBY CERTIFY, That I attended deceased from Aug 24 1982, to Aug 24 1982,
that I saw him alive on Aug 24 1982,
and that death occurred, on the date stated above, at 12 M.
The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

..... (DURATION) DAY(S)

Contributory

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

Aug 23 1907 (Address) Chaska

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

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

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

PLACE OF BURIAL OR REMOVAL *West Unity Ohio* DATE OF BURIAL *Aug 27* 19*02*

UNDERTAKER	ADDRESS
S. A. Mapes	Chickra

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____

or

Village of Charlevoix

or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 29

[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 Edward Moor

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Aug</u> (Day) <u>8</u> (Year) <u>1850</u>	
AGE <u>62</u> YEARS <u>10</u> MONTHS <u>4</u> 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>Michigan</u>	
NAME OF FATHER <u>Richard Moor</u>	
BIRTHPLACE OF FATHER (State or country) <u>New York</u>	
MAIDEN NAME OF MOTHER <u>Abigail Brung</u>	
BIRTHPLACE OF MOTHER (State or country) <u>New York</u>	
OCCUPATION <u>Labour</u>	

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

(Informant) Geo P Staffan(Address) Charlevoix

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Aug</u>	(Day) <u>18</u>	(Year) <u>1912</u>
---------------	--------------------	-----------------	--------------------

I HEREBY CERTIFY That I attended deceased from Aug 16 1912 to Aug 18 1912, that I saw him alive on Aug 15 1912, and that death occurred, on the date stated above, at 29 M. The CAUSE OF DEATH was as follows:

Intestinal ObstructionContributory Colapser(Signed) J. G. WoodsAug 22 1912 (Address) Charlevoix

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

Aug 21 1912

UNDERTAKER

G. Staffan & Son

ADDRESS

Charlevoix

Filed

Aug 22 1912

A TRUE COPY

Edwin Cooper

Registrar

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

MARGIN RESERVED FOR BINDING.

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

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 30

[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 Nellie Stocking

PERSONAL AND STATISTICAL PARTICULARS			
SEX	COLOR		
<u>Female</u>	<u>white</u>		
DATE OF BIRTH	(Month)	(Day)	(Year)
<u>June</u>	<u>16</u>	<u>1845</u>	
AGE			
<u>69</u>	YEARS	<u>2</u>	MONTHS, <u>11</u> DAYS
SINGLE, MARRIED, WIDOWED, OR DIVORCED			
<u>Single</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN			
{ If married, age at (first) marriage _____ years			
{ Parent of _____ children, of whom _____ are living			
BIRTHPLACE (State or country)			
<u>New York</u>			
NAME OF FATHER			
<u>Stephen Stocking</u>			
BIRTHPLACE OF FATHER (State or country)			
<u>New York</u>			
MAIDEN NAME OF MOTHER			
<u>Sarah Ann Parkhill</u>			
BIRTHPLACE OF MOTHER (State or country)			
<u>New York</u>			
OCCUPATION			
<u>Accountant</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant) <u>Geo. P. Staffan</u>			
(Address) <u>Chickadee</u>			

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH	(Month)	(Day)	(Year)
<u>Aug</u>	<u>27</u>	<u>1912</u>	
I HEREBY CERTIFY That I attended deceased from <u>July 13</u> 19 <u>12</u> to <u>Aug 24</u> 19 <u>12</u> , that I saw him alive on <u>Aug 24</u> 19 <u>12</u> , and that death occurred, on the date stated above, at <u>2 9</u> M.			
The CAUSE OF DEATH was as follows:			
<u>Lupus Erythematosus of the joints</u>			
(DURATION) _____ DAYS			
Contributory _____ (DURATION) _____ DAYS			
(Signed) <u>Geo. W. Palmer</u> M. D.			
<u>Aug 28</u> 19 <u>12</u> (Address) <u>Chickadee</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	
<u>Oak Grove</u>		<u>Aug 30</u> 19 <u>12</u>	
UNDERTAKER		ADDRESS	
<u>F. Staffan & Son</u>		<u>Chickadee</u>	
Filed <u>Aug 28</u> 19 <u>12</u>		A TRUE COPY	
		<u>Archie Cooper</u> Registrar	

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

County of WashtenawTownship of _____
or _____Village of Chickasaw
or _____

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 31

[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 Rosenthal

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>white</u>		
DATE OF BIRTH (Month) <u>Aug 23</u> (Day) <u>23</u> (Year) <u>1912</u>			
AGE <u>Still Birth</u> YEARS _____ MONTHS _____ DAYS _____			

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) Ernest Rosenthal(Address) Chickasaw

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) Aug(Day) 23(Year) 1912

I HEREBY CERTIFY, That I attended deceased from
Aug 23 19012 to Aug 23 19012,
that I saw him alive on _____, 19012,
and that death occurred, on the date stated above, at _____ M.
The CAUSE OF DEATH was as follows:

Placenta previaStill Birth

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Geo. W. Palmer

M. D.

Aug 23 19012 (Address) Chickasaw

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

Former or
usual residence _____How long at
place of death? _____ DaysWhere was disease contracted,
if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed Aug 26 19012

A TRUE COPY

Registrar Archer Cooper

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

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 37

[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 Anthony R. Murphy

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White
DATE OF BIRTH (Month) (Day) (Year)
April 23 1910
AGE 2 YEARS 5 MONTHS 1 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 Thomas Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Fannie Riley

BIRTHPLACE OF MOTHER (State or country) Michigan

OCCUPATION None

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

(Informant) Thos. Murphy

(Address) Chelsea

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Sept 24 1917

I HEREBY CERTIFY, That I attended deceased from Sept 24 1917, to Sept 24 1917, that I saw him alive on Sept 24 1917, and that death occurred, on the date stated above, at 7-459 M. The CAUSE OF DEATH was as follows:

Enteritis

Contributory _____ (DURATION) _____ DAYS

(Signed) Andros G. Gilder M. D.

Sept 25 1917 (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 Mt Olivet DATE OF BURIAL Sept 26 1917

UNDERTAKER S. A. Mapes ADDRESS Chelsea

Filed Sept 26 1917 A TRUE COPY Doctor Cooper Registrar

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

MARGIN RESERVED FOR BINDING.

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

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

Registered No. 33

[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 Helma Carlson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) (Day) (Year)
Sept 20 1917
AGE _____ YEARS _____ MONTHS 5 Hrs. _____ 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)

Mich

NAME OF FATHER

Karl Carlson

BIRTHPLACE OF FATHER (State or country)

Se Swerden

MAIDEN NAME OF MOTHER

Jennie Neubr

BIRTHPLACE OF MOTHER (State or country)

Dakota

OCCUPATION _____

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

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Sept 20 1917

I HEREBY CERTIFY, That I attended deceased from Sept 20 1917 to Sept 20 1917, that I saw her alive on Sept 20 1917, and that death occurred, on the date stated above, at 6:15 M. The CAUSE OF DEATH was as follows:

Premature Birth

Contributory _____

(Signed) Geo. W. Palmer M. D.
Sept 21 1917 (Address) Chelsea

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

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

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

PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Sept 21 1917

UNDERTAKER

Staffan & Son

ADDRESS

Chelsea

FILED

Oct 4 1917

A TRUE COPY

Archie Cooper
Registrar

MARGIN RESERVED FOR BINDING.

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of Chickering

or _____

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 34

[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 Therese Schanz

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
March 25 1912

AGE
— YEARS 7 MONTHS 2 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) MichNAME OF FATHER Conrad SchanzBIRTHPLACE OF FATHER (State or country) MichMAIDEN NAME OF MOTHER Nellie GrantBIRTHPLACE OF MOTHER (State or country) Mich

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)
Oct 27 1912

I HEREBY CERTIFY, That I attended deceased from Oct 27 1912, to Oct 27 1912, that I saw him alive on Oct 27 1912, and that death occurred, on the date stated above, at M

The CAUSE OF DEATH was as follows:

Acute Meningitis

(DURATION) 2 DAYS

Contributory _____

(Signed) Andrew G. Galt M. D.
Oct 28 1912 (Address) Chickering

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

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

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

PLACE OF BURIAL OR REMOVAL Mt Olivet DATE OF BURIAL Oct 29 1912

UNDERTAKER J. J. Steffan & Son ADDRESS Chickering

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MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

County of

Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of

or

Village of

or

City of

(No.

St.;

Ward)

Registered No.

33

(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

Richard C. Potter

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male		
COLOR	White		
DATE OF BIRTH	(Month)	(Day)	(Year)
	Oct	21	1917
AGE	28		
	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)

Mich.

NAME OF FATHER

Nathan Potter Jr

BIRTHPLACE OF FATHER (State or country)

Mich.

MAIDEN NAME OF MOTHER

Caroline Colborn

BIRTHPLACE OF MOTHER (State or country)

Ohio

OCCUPATION

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

(Informant)

H. S. Potter Jr

(Address)

Chickara Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Nov

18

1917

I HEREBY CERTIFY, That I attended deceased from

Oct 21

1917

to Nov 18

1917

that I saw him alive on

Nov 18

1917

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

The CAUSE OF DEATH was as follows:

Bronche pneumonia

(DURATION) 7 DAYS

Contributory

(DURATION) _____ DAYS

(Signed)

S. G. Bush

M. D.

Nov 19 1917 (Address)

Chickara

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

Gravestone, Jackson

Nov 19

1917

UNDERTAKER

ADDRESS

G. Staffan & Son

Chickara

Filed

Nov 21

1917

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Hector Cooper

Registrar

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Form 93-6-09-500 bka., 100 pages.

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or
Village of Colerbergor
City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 36

FULL NAME

Baby Kelly

(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)
Oct 9 1912

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
Thos. Kelly

BIRTHPLACE OF FATHER (State or country)
Unknown to me

MAIDEN NAME OF MOTHER
Annie Reub

BIRTHPLACE OF MOTHER (State or country)
Michigan

OCCUPATION
Nurse

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

(Informant) Thos Kelly S.A.M.

(Address) Colerberg

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Oct 9 1912

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 3 1/2 M.

The CAUSE OF DEATH was as follows:

Still
Permatum
Birth

(DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) J. T. Woods M. D.
Dec 14 1912 (Address) Colerberg

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

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

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

PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL Oct 11 19012

UNDERTAKER S. A. Mapes ADDRESS Colerberg

Filed Dec 16 19012 A TRUE COPY Hector Cooper Registrar

MARGIN RESERVED FOR BINDING.

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

STATE OF MICHIGAN

County of Washington

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or *L. l. l.*

Registered No. 37

Village of Oakville.....

City of

City of

(No. St. Ward)

FULL NAME Mary D. Hunter

[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

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR *white*

DATE OF DEATH	(Month)	(Day)	(Year)
	Dec	7	1922

DATE OF BIRTH	(Month)	(Day)	(Year)
	June	21	1800

I HEREBY CERTIFY, That I attended deceased from Nov 29 1902, to Dec 7 1902,
that I saw her alive on Dec 7 1902,
and that death occurred on the date stated above, at 10 a M.

AGE 62 YEARS, 5 MONTHS, 16 DAYS

The CAUSE OF DEATH was as follows:

SINGLE, MARRIED,
WIDOWED, OR DIVORCED *Widowed*

Chronic Heart Disease
" Nephritis
Atherosclerosis

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

(DURATION) _____ DAYS

NAME OF FATHER *Abner Galt*

Contributory

BIRTHPLACE
OF FATHER
(State or country) *England*

..... (DURATION) DAYS

MAIDEN NAME
OF MOTHER *Maria Balburt*

(Signed) Andrew G. Gilder M.D.

BIRTHPLACE
OF MOTHER
(State or country) *West Virginia*

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

OCCUPATION *New Jersey*

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

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

Where was disease contracted,

Informant) Wm Self

PLAC OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

(Address) Wichita

PLACE OF BURIAL OR REMOVAL Cash & Moore DATE OF BURIAL DEC 10 1902

UNDERTAKER	ADDRESS
------------	---------

S. H. Mapes | Church

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Registrar

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MARGIN RESERVED FOR BINDING:

Form 93-6-09-500 bks., 100 pages.

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of Chelsea

or _____

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 38

[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 John G. Edwards

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)
Oct 15 1844AGE 68 YEARS 2 MONTHS 7 DAYSSINGLE, MARRIED, WIDOWED, OR DIVORCED SingleAGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are livingBIRTHPLACE (State or country) MichiganNAME OF FATHER Thos EdwardsBIRTHPLACE OF FATHER (State or country) EnglandMAIDEN NAME OF MOTHER Elizabeth KelliottBIRTHPLACE OF MOTHER (State or country) England

OCCUPATION _____

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

(Informant) Mrs Charles Edwards(Address) Ann Arbor

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Dec 22 1912

I HEREBY CERTIFY, That I attended deceased from Dec 17 1912, to Dec 22 1912, that I saw him alive on Dec 22 1912, and that death occurred, on the date stated above, at 2 P M.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

Contributory _____ (DURATION) _____ DAYS

(Signed) Geo. W. Palmer M. D.Dec 24 1912 (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 Dexter DATE OF BURIAL Dec 24 1912UNDERTAKER S. A. Mapes ADDRESS ChelseaFiled Dec 24 1912 A TRUE COPY Dexter Cooper 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 Chickadee

or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 39

[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 Kassin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Oct 14 1825

AGE 87 YEARS 2 MONTHS 14 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)

Germany

NAME OF FATHER

John Hecker

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

Unknown

OCCUPATION

None

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

(Informant) Miss Kassin(Address) Chickadee

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

Dec281902

I HEREBY CERTIFY, That I attended deceased from

Dec 17 1902, to Dec 26 1902that I saw her alive on Dec 26 1902and that death occurred, on the date stated above, at 4 A M.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Geo. W. Palmer

M. D.

Dec 30 1902(Address) Chickadee

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

German M.E. Cemetery1902

UNDERTAKER

ADDRESS

S. A. Mapro

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Dec 30 1902Hector Boop

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or

Village of Clarkburg

or

City of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 40

[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 Hindelang

(No. _____

St.; _____

Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Oct 26 1835

AGE 78 YEARS 2 MONTHS _____ DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

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)

"

MAIDEN NAME OF MOTHER

"

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 P Staffan(Address) Clarkburg

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Dec 26 1902

I HEREBY CERTIFY, That I attended deceased from April 2 1902, to Dec 26 1902, that I saw him alive on Dec 26 1902, and that death occurred, on the date stated above, at 7:00 M.

The CAUSE OF DEATH was as follows:

Sepsis - Urinary

Contributory Cystitis Prostate (DURATION) _____ DAYS

hypertrophy (DURATION) _____ DAYS

(Signed) Andrew G. Elder M. D.
Dec 30 1902 (Address) Clarkburg

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

DATE OF BURIAL

Jan 7th 1903

UNDERTAKER

Staffan & Son

ADDRESS

Clarkburg

Filed

Jan 3 1903

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Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____
or _____Village of Clarkburg
or _____

City of _____

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 Bert C. Nichols

(No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White
DATE OF BIRTH (Month) (Day) (Year)
March 20 1873AGE
39 YEARS 9 MONTHS 20 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) MichiganNAME OF FATHER Chas. A. NicholsBIRTHPLACE OF FATHER (State or country) New YorkMAIDEN NAME OF MOTHER Augusta FerrimanBIRTHPLACE OF MOTHER (State or country) New YorkOCCUPATION None

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

(Informant) Mrs. B. C. Nichols(Address) Clarkburg

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Jan 10 1913I HEREBY CERTIFY, That I attended deceased from Jan 2 1913, to Jan 10 1913, that I saw him alive on Jan 10 1913, and that death occurred, on the date stated above, at 11:00 P. M.
The CAUSE OF DEATH was as follows:Acute Lobar Pneumonia
Pleurisy

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Andrus Gable M. D.Jan 11 1913 (Address) Clarkburg

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 Jan 13 1913UNDERTAKER S. A. Mapes ADDRESS ClarkburgFiled Jan 13 1913 A TRUE COPY Hector Cooper

Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or
Village of Clarkburgor
City of _____

(No. _____ St. _____ Ward _____)

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 Louise Guld

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Jan 17 1913

AGE No YEARS No MONTHS 20 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)

Clarkburg

NAME OF FATHER

Andrew Guld

BIRTHPLACE OF FATHER (State or country)

Clarkburg Mich

MAIDEN NAME OF MOTHER

Eumer M. Jackson

BIRTHPLACE OF MOTHER (State or country)

Toronto Ontario

OCCUPATION

Nurse

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

(Informant)

Geo. P. Staffan

(Address)

Clarkburg Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Jan 17 1913

I HEREBY CERTIFY, That I attended deceased from Jan 17 1913, to Jan 17 1913, that I saw her alive on Jan 17 1913, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH was as follows:

Strangulation due to pressure on umbilical cord

Contributory _____

(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

Oak Grove

DATE OF BURIAL

Jan 22 1913

UNDERTAKER

T. Staffan

ADDRESS

Clarkburg

Filed

Jan 22 1913

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Registrar

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

STATE OF MICHIGAN

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.]

FULL NAME Elizabeth A. Fish

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR <u>White</u>		
DATE OF BIRTH <u>April</u>	(Month) <u>April</u>	(Day) <u>15</u>	(Year) <u>1842</u>
AGE <u>70</u> YEARS <u>10</u> MONTHS <u>3</u> DAYS			
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>			
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage <u>21</u> years Parent of <u>0</u> children, of whom <u>0</u> are living			
BIRTHPLACE (State or country) <u>England</u>			
NAME OF FATHER <u>William Dale</u>			
BIRTHPLACE OF FATHER (State or country) <u>England</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) <u>Chas. Fish</u>			
(Address) <u>Cherbury</u>			

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH	(Month) <u>Feb.</u>	(Day) <u>18</u>	(Year) <u>1903</u>
I HEREBY CERTIFY, That I attended deceased from <u>Feb 11</u> <u>1903</u> , to <u>Feb 18</u> <u>1903</u> , that I saw him alive on <u>Feb 18</u> <u>1903</u> , and that death occurred, on the date stated above, at <u>4 9 M.</u>			
The CAUSE OF DEATH was as follows: <u>Lobar Pneumonia</u>			
Contributory <u>Chronic</u>		(DURATION) <u>7</u> DAYS	
		(DURATION) <u>Nephritis</u>	
(Signed) <u>S. C. Bush</u>		M. D.	
<u>Feb 20</u> <u>1903</u> (Address) <u>Cherbury</u>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:			
Former or usual residence		How long at place of death? _____ Days	
Where was disease contracted, if not at place of death? _____			
PLACE OF BURIAL OR REMOVAL <u>Oak Grove</u>		DATE OF BURIAL <u>Feb 21</u> <u>1903</u>	
UNDERTAKER <u>S. A. Mapes</u>		ADDRESS <u>Cherbury</u>	
Filed <u>Feb 22</u> <u>1903</u>		A TRUE COPY <u>Hector Cooper</u>	
		Registrar	

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 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 Ethel Abdon

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

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

March 13 1907AGE 5 YEARS 9 MONTHS 5 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

SingleAGE 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

Frank Abdon

BIRTHPLACE OF FATHER (State or country)

Kentucky

MAIDEN NAME OF MOTHER

Myrtle Craft

BIRTHPLACE OF MOTHER (State or country)

Kentucky

OCCUPATION

None

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)

Feb 17 1903

I HEREBY CERTIFY, That I attended deceased from Feb 1 1903, to Feb 16 1903, that I saw her alive on Feb 16 1903, and that death occurred, on the date stated above, at 11 P M

The CAUSE OF DEATH was as follows:

Paralysis of Heart

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) Geo. W. Palmer M. D.Feb 19 1903 (Address) Chelsea

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

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

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

PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Feb 19 1903

UNDERTAKER

F. Staffan Son

ADDRESS

Chelsea

Filed

Feb 20 1903

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Registrar

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PLACE OF DEATH

County of Washington

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Township of _____
or _____Village of Charlevoix
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 Amanda Burns

(No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) Jan. (Day) 24 (Year) 1884

AGE 29 YEARS 1 MONTHS 7 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

AGE AT MARRIAGE, NUMBER OF CHILDREN

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

{ Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country)

Indiana

NAME OF FATHER

Geo. Richards

BIRTHPLACE OF FATHER (State or country)

Indiana

MAIDEN NAME OF MOTHER

Sara Clarkson

BIRTHPLACE OF MOTHER (State or country)

Indiana

OCCUPATION

Housewife

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

(Informant)

J. R. Burns

(Address)

Charlevoix

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) March (Day) 3 (Year) 1913

I HEREBY CERTIFY, That I attended deceased from June 1 1912, to March 2 1913, that I saw her alive on March 2 1913, and that death occurred, on the date stated above, at 49 M. The CAUSE OF DEATH was as follows:

Tubercular festulans of rectum

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed)

Geo. W. Palmer

M. D.

Mar 3 1913 (Address)Charlevoix

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

Upston Ind

DATE OF BURIAL

March 5 1913

UNDERTAKER

F. Steffen & Son

ADDRESS

Charlevoix

Filed

March 5 1913

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Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or _____

Village of Chickadee

or _____

City of _____

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 Anna Maria Henschewent

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Aug 7 1823

AGE 89 YEARS 7 MONTHS 0 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)

Germany

NAME OF FATHER

Albin

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

Housekeeper

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

(Informant)

G. W. P. Stafford

(Address)

Chickadee

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
March 7 1903

I HEREBY CERTIFY, That I attended deceased from Feb 28 1903, to March 7 1903, that I saw him alive on March 7 1903, and that death occurred, on the date stated above, at 7 10 M.

The CAUSE OF DEATH was as follows:

Heart Disease

Contributory

(Signed)

G. W. P. Stafford

M. D.

March 9, 1903

(Address)

Chickadee

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

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

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

PLACE OF BURIAL OR REMOVAL

Oak Grove Cemetery

DATE OF BURIAL

Mar. 10 1903

UNDERTAKER

G. S. Stafford

ADDRESS

Chickadee

Filed

March 11 1903

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Registrar

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PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of _____

or

Village of Chubb

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 Catharine Babcock

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
March 3 1898

AGE 84 YEARS ~ MONTHS 7 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)

New York

NAME OF
FATHER

Geo. Octob

BIRTHPLACE
OF FATHER
(State or country)

England

MAIDEN NAME
OF MOTHER

Mary Hews

BIRTHPLACE
OF MOTHER
(State or country)

New York

OCCUPATION

Housewife

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

(Informant) C. Babcock

(Address) Chubb

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
March 10 1963

I HEREBY CERTIFY, That I attended deceased from
Nov 2 1961 to March 9 1963
that I saw him alive on March 9 1963
and that death occurred, on the date stated above, at 2:15 P. M.

The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) _____ DAYS

Contributory Mitral insufficiency

(DURATION) _____ DAYS

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

Mar 13 1963 (Address) Chubb

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

Chubb Mich

DATE OF BURIAL

March 13 1963

UNDERTAKER

Staffan & Son

ADDRESS

Chubb

Filed

March 14 1963

A TRUE COPY

Hector Cooper

Registrar

MARGIN RESERVED FOR BINDING.

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Morning
Clerk.

PLACE OF DEATH

County of *Washtenaw*

Township of *Sylvan*

Village of *Chelsea*

City of _____

FULL NAME

William B. Self

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.]

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) *July* (Day) *1* (Year) *1883*

AGE *69* YEARS *8* MONTHS *18* 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 *Wm. Self*

BIRTHPLACE OF FATHER (State or country) *England*

MAIDEN NAME OF MOTHER *Maria Baldwin*

BIRTHPLACE OF MOTHER (State or country) *New Jersey*

OCCUPATION *Teamster*

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

(Informant) *Wm. B. Self*

(Address) *Chelsea, Mich.*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) *March* (Day) *16* (Year) *1913*

I HEREBY CERTIFY, That I attended deceased from *March 14, 1913*, to *March 15, 1913*, that I saw him alive on *March 15, 1913*, and that death occurred, on the date stated above, at *2:30 P. M.*

The CAUSE OF DEATH was as follows: *Pneumonia (Hobay)*

Chronic heart disease

Contributory _____

(Signed) *Andros Guld* M. D.

Mar 17, 1913 (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 *Mar. 18, 1913*

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

Filed *Mar. 18, 1913* REGISTRAR *E. H. Maroney*

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 Chelsea
 or
 City of _____

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

(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 Lucinda Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
 DATE OF BIRTH (Month) (Day) (Year)
September 19 1887
 AGE 80 YEARS 6 MONTHS 5 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)

Ohio

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER (State or country)

Unknown

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

Unknown

OCCUPATION

Member of Old Peoples Home

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

(Informant)

L. W. Saunders

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

March241903

I HEREBY CERTIFY, That I attended deceased from March 24th 1903, to March 24th 1903, that I saw her alive on March 24th 1903, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

Cerebral Palsy

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

UNDERTAKER

DATE OF BURIAL

Bayan OhioMar 27th 1903

ADDRESS

Filed

March 26th 1903

A TRUE COPY

L. H. H. H. H. H.

Registrar

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

MARGIN RESERVED FOR BINDING.

PLACE OF DEATH

STATE OF MICHIGAN

County of

Department of State—Division of Vital Statistics

Township of
orVillage of
or

City of

(No.

St.

Ward)

Registered No. 11

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

SINGLE, MARRIED, WIDOWED, OR 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 Feb. 1st 1903, to March 23rd 1903, that I saw her alive on March 23rd 1903, and that death occurred, on the date stated above, at 29 M.

The CAUSE OF DEATH was as follows:

Contributory

(Signed)

Mar 29 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

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

Village of ChelseaRegistered No. 41

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 Nemathy

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Oct (Day) 29 (Year) 1914

AGE 10 YEARS MONTHS DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage _____ years

Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country)

Chelsea Mich.

NAME OF FATHER

Joe Nemathy

BIRTHPLACE OF FATHER (State or country)

Mich

MAIDEN NAME OF MOTHER

Phoebe Turnbull

BIRTHPLACE OF MOTHER (State or country)

Chelsea Mich.

OCCUPATION

None

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) 6(Year) 1922

I HEREBY CERTIFY, That I attended deceased from Oct 27th 1922 to Nov. 6 1922, that I saw him alive on Nov. 6 1922 and that death occurred, on the date stated above, at 7 P M.

The CAUSE OF DEATH was as follows:

Convulsions

Contributory _____

(Signed) J. J. WoodsApr. 14 1923 (Address) Chelsea

M. D.

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

Former or usual residence _____

How long at place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL

Oak Grove Cemetery Chelsea Mich.

DATE OF BURIAL

Nov. 9 1922

UNDERTAKER

F. Staffan & Son

ADDRESS

Chelsea Mich

Filed

Apr. 18th 1923

A TRUE COPY

W. J. Maroney

Registrar

MARGIN RESERVED FOR BINDING.

5-7 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Michigan Department of State
Lansing

FREDERICK C. MARTINDALE, SECRETARY OF STATE
DE H. MILLS, DEPUTY

April 23, 1913.

Mr. C. W. Maroney,
Chelsea, Mich.

Dear Sir:-

I am in receipt of your note on bottom of my letter of April 9th, in regard to the Nementhy death and in reply will say that the certificate should be returned to the Department at once. You make copy of it in your register, in the regular order of its filing but the same should bear register number of the 1912 series. You should also make a supplemental report of the same to the County Clerk.

Very Respectfully,

Fred C. Martindale

Secretary of State.

TT

PLACE OF DEATH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

Township of Sylvan

or

Village of Chelsea

or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 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 Loren Tabrock

PERSONAL AND STATISTICAL PARTICULARS

SEX MaleCOLOR White

DATE OF BIRTH

(Month) August(Day) 4(Year) 1822AGE 90-5-3YEARS 90MONTHS 5DAYS 3SINGLE, 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 UnknownBIRTHPLACE OF FATHER (State or country) Do.MAIDEN NAME OF MOTHER UnknownBIRTHPLACE OF MOTHER (State or country) DoOCCUPATION Retired Merchant Dry Goods

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

(Informant) Nathryn Hooker(Address) Chelsea Mich.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) April(Day) 7(Year) 1903

I HEREBY CERTIFY, That I attended deceased from Sept. 1902 to April 7th 1903, that I saw him alive on April 7th 1903, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH was as follows:

Empyema

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) J. H. Schmidt M. D.April 10 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

Oak Grove Chelsea M.

DATE OF BURIAL

April 10th 1903

UNDERTAKER

J. Staffan How

ADDRESS

Chelsea Mich

Filed

May 3rd 1903

A TRUE COPY

B. H. Maroney

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 Chelsea
or
City of _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 13

FULL NAME

Anna Mary Lehman

[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)
Sept 22 1834
AGE
78 YEARS 8 MONTHS 18 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Housewife

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

George Walz

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (State or country)

Unknown

OCCUPATION

Housewife

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

(Informant)

Michael Lehman

(Address)

Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
June 8 1913

I HEREBY CERTIFY, That I attended deceased from June 7 1913, to June 8 1913, that I saw her alive on June 8 1913, and that death occurred, on the date stated above, at 6 9 M.

The CAUSE OF DEATH was as follows:

Bronch pneumonia

Contributory

R. Bush

(Signed)

M. D.

June 10 1913

(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

Boys Corner

DATE OF BURIAL

190

UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea Mich

Filed

June 10 1913

A TRUE COPY

C. W. Maroney

Registrar

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

PLACE OF DEATH

County of Washtenaw
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. 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 Cynthia E. Glover

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Feb</u> (Day) <u>5</u> (Year) <u>1826</u>	
AGE <u>87</u> YEARS <u>4</u> MONTHS <u>5</u> DAYS	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</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>Connecticut</u>	
NAME OF FATHER <u>Gilbert States</u>	
BIRTHPLACE OF FATHER (State or country) <u>Conn.</u>	
MAIDEN NAME OF MOTHER <u>Betsy Williams</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Conn.</u>	
OCCUPATION <u>Housewife</u>	

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

(Informant) Mrs M. Boyd
(Address) Chelsea Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>June</u>	(Day) <u>10</u>	(Year) <u>1913</u>
---------------	---------------------	-----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from June 9 1913, to June 9 1913, that I saw her alive on June 9 1913 and that death occurred, on the date stated above, at 19 M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

Contributory _____ (DURATION) _____ DAYS
(Signed) G. W. Palmer M. D.
190 (Address) Chelsea

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

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

PLACE OF BURIAL OR REMOVAL <u>Sylvan</u>	DATE OF BURIAL <u>June 12</u> 19 <u>13</u>
UNDERTAKER <u>J. A. Mapes</u>	ADDRESS <u>Chelsea</u>
Filed <u>June 11</u> 19 <u>13</u>	A TRUE COPY <u>G. W. Maroney</u> Registrar

PLACE OF DEATH

STATE OF MICHIGAN

County of

Washtenaw

Department of State—Division of Vital Statistics

Township of

Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of

Chelsea

or

City of

(No.

St.

Ward)

Registered No.

15

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

FULL NAME

Sarah, Lancer.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female	COLOR	White
DATE OF BIRTH	(Month) Jan	(Day) 9	(Year) 1833
AGE	80	5	7
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)

England.

NAME OF FATHER

John S. Loy

BIRTHPLACE OF FATHER (State or country)

Eng.

MAIDEN NAME OF MOTHER

Ann Jessup.

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 H. Hood
Chelsea Mich

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

(Year)

June

16

1903

I HEREBY CERTIFY, That I attended deceased from May 1903, to June 15, 1903, that I saw her alive on June 15, 1903, and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Pernicious Anemia

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

DATE OF BURIAL

Patten Cemetery

June 20 1903

UNDERTAKER

ADDRESS

J. Staffan Son

Chelsea Mich

Filed

June 28 1903

A TRUE COPY

C. H. Maroney

Registrar

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

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

PLACE OF DEATH

County of

Township of

or

Village of

or

City of

(No.

St.;

Ward)

FULL NAME

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 16

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

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female			COLOR	White		
DATE OF BIRTH	(Month)	(Day)	(Year)				
	September	16	1913				
AGE	14 years, 9 months, 14 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	Edward Daniels						
BIRTHPLACE OF FATHER (State or country)	Michigan						
MAIDEN NAME OF MOTHER	Susie Burkhardt						
BIRTHPLACE OF MOTHER (State or country)	Michigan						
OCCUPATION	Student						
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF							
(Informant)	Edward Daniels						
(Address)	Gregory Mich						

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
June	30	1913	
HEREBY CERTIFY, That I attended deceased from June 21, 1913, to June 30, 1913, that I last saw her alive on June 30, 1913, and that death occurred, on the date stated above, at P.M.			
The CAUSE OF DEATH was as follows: <i>immediately</i> <i>Diphtheria followed by</i> <i>paralysis of throat</i> <i>and pneumonia in 4 days</i>			
(DURATION)..... DAYS			
Contributory.....			
(SIGNED) <i>Geo W Palmer</i> M. D. 190..... (Address) <i>Chelsea Mich</i>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:			
Former or usual residence.....		How long at place of death?..... Days	
Where was disease contracted, if not at place of death?.....			
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
<i>Oak Grove</i>	<i>July 1st 1913</i>		
UNDERTAKER	ADDRESS		
<i>S.A. Mapes</i>	<i>Chelsea</i>		
Filed	<i>July 3 1913</i> <i>G.W. Morrow</i> Registrar		

Red ink (Contributory)

Amesbury 9/13

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

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

[U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.]

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Department of State, Lansing, Michigan, on the fourth (4th) day of the following month. Use the stamped return envelope provided for this purpose, and include a Statement Card, properly filled out.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the Secretary of State to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death (this blank or any other form ever issued by the Secretary of State for this purpose will be satisfactory), and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists, or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer (if a physician) or Coroner for investigation and statement of cause of death. If the Health Officer is not a physician, the registrar may insert the cause of death in deaths occurring without medical attendance from competent testimony over his official signature.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation

company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons should not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially, as far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of childbearing age. *Never* report a death from "heart failure." It is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

EXTRACT FROM THE REGISTRATION LAW.

Compiled Laws, 1897, §§ 4614-4620, as amended by Public Act No. 20 of 1901.

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, household, 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 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. 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 No. 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 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. 6. An 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.

Copies of the law and blank certificates of death will be supplied by the Local Registrar or by the Secretary of State.

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. 5. 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.**

LANSING
NOV
29 12-30 PM



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Village Clerk

Chelsa
Michigan.

Department of State

Lansing, Michigan

NOV 28 1911

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TO THE CLERK OF

Washtenaw

COUNTY, MICHIGAN.

PLEASE DELIVER TO

Village Clerk

Chelsea

IN YOUR COUNTY OR HIS REPRESENTATIVE.

1 Copy

Branded Manual

1911

TAKING THIS FOR YOUR RECEIPT.

FREDERICK C. MARTINDALE,
SECRETARY OF STATE.

(SEE SEC. 34, ACT 44 OF 1899, RELATING TO DELIVERY OF BOOKS
TO SUCCESSORS IN OFFICE.)