

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 July 1st, 1913 to Oct 23, 1916
6th Maroon V. 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.

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw
Township Sylvan
or
Village Chelsea
or
City _____

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.]

2 FULL NAME

Ann Ward

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow
6 DATE OF BIRTH Dec. 4, 1821
(Month) (Day) (Year)
7 AGE 82 yrs. 6 mos. 12 ds. If LESS than 1 day, _____ hrs. OR _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) kept her own home

9 BIRTHPLACE (State or country)

N.Y.

10 NAME OF FATHER Lafayette Lampson.
11 BIRTHPLACE OF FATHER (State or country) Do not know.
12 MAIDEN NAME OF MOTHER Ann Kelley
13 BIRTHPLACE OF MOTHER (State or country) Do not know.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Ward
(Address) Chelsea Mich.

15 Filed Aug 13, 1913 W. H. Harrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 16, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May, 1913, to July 16, 1913, that I last saw her alive on July 16, 1913, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Obstruction of the bowels.

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) Old age.
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. J. Woods, M. D.
July 19, 1913 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Sylvan Cem. DATE OF BURIAL July 19, 1913

20 UNDERTAKER W. H. Harrison & Son ADDRESS Chelsea Mich.

1 PLACE OF DEATH

County

Township

or

Village

or

City

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than 1 day, hrs. OR min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)

(Signed)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

FORM NO. 10-10-1000 Dec.-100 pp.

26 Jan 1913

1 PLACE OF DEATH

County

Township

or

Village

or

City

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Arthur Saab

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Oct. - 8 - 1883

7 AGE

29 yrs. 10 mos. 2 ds.

If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Farm

9 BIRTHPLACE
(State or country)

Mich.

PARENTS

10 NAME OF FATHER

Michael Saab

11 BIRTHPLACE OF FATHER
(State or country)

Mich.

12 MAIDEN NAME OF MOTHER

Caroline Schuyler

13 BIRTHPLACE OF MOTHER
(State or country)

Mich.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. P. Staffau

(Address)

Chelsea Mich

15

Filed

Sep 13 1913

3

G. P. Maroney

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 6th, 1913

17 I HEREBY CERTIFY, That I attended deceased from

Aug 6, 1913, to , 1913,

that I last saw him alive on , 1913,

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

The CAUSE OF DEATH* was as follows:

Accidental "Drowning"

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Geo. H. Palmer, M. D.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Freedom (Mich) Oct 30, 1913

20 UNDERTAKER

ADDRESS

J. Staffau Son Chelsea Mich

MARGIN RESERVED FOR BINDING

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

Dwight Lanning Sept 4/13
14 Ann Arbor

PLACE OF DEATH

County

Township

or

Village

or

City

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

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.]

FULL NAME

Elizabeth L. Piddle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow
6 DATE OF BIRTH October 25, 1857 (Month) (Day) (Year)		
7 AGE 75 yrs. 11 mos. 5 ds.		If LESS than 1 day, hrs. min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(State or country)

Quebec

PARENTS

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER
(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER
(State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. Saunders

(Address)

Quebec

15

Filed Oct. 1st, 1913

L. W. Harney

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 30, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Sept. 28, 1913, to Sept. 30, 1913

that I last saw her alive on Sept. 30, 1913

and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH * was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 3 ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

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

Chelsea

, 191 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Detroit

Oct. 2, 1913

20 UNDERTAKER

ADDRESS

A. Maper

Chelsea

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

MARGIN RESERVED FOR BINDING

FORM 30-10-1000 Dec-100 pp.

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County

Township

or

Village

or

City

(No.)

St.;

Ward)

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

DATE OF BIRTH

November 26, 1900

AGE

12 yrs. 9 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country)

Mich.

NAME OF FATHER

Fred Gilbert

BIRTHPLACE OF FATHER (State or country)

U.S.

MAIDEN NAME OF MOTHER

Lizzie Knoll

BIRTHPLACE OF MOTHER (State or country)

U.S.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

Ox 3

3

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Sept 20, 1913

I HEREBY CERTIFY, That I attended deceased from

191, to 191,

that I last saw him alive on 191,

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Accidentally shot by Edward Watkins

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Signed)

J. D. Withnell, Justice of Peace, M. D.

191 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Sylvan Ave. Chelsea P.O. Sept 24, 1913

UNDERTAKER

ADDRESS

J. Haffan & Son Chelsea

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County

Township

or

Village

or

City

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.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

DATE OF DEATH

DATE OF BIRTH

AGE

If LESS than
1 day, hrs.
OR min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

, 191, to , 191,

that I last saw h alive on , 191,

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

The CAUSE OF DEATH* was as follows:

Jurors Verdict.

Mrs Elizabeth Stapish in or near the barn

in rear of house was on or about Tues

Sept 23rd, strangled to death by a leather

strap around the neck in the hands of

Contributory some person or persons unknown

(SECONDARY) to this jury

(Signed) H. D. Withers Justice of Peace

, 191 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

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

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County Washtenaw
Township Sylvan
or
Village Chelsea
or
City Chelsea

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 23

2 FULL NAME

Lena C. Doyle

St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
6 DATE OF BIRTH May 19, 1887
(Month) (Day) (Year)
7 AGE 66 yrs. 4 mos. 6 ds. OR less than 1 day, _____ hrs. min.?
8 OCCUPATION Housewife
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Michigan

PARENTS

10 NAME OF FATHER David Guerin
11 BIRTHPLACE OF FATHER (State or country) New Jersey
12 MAIDEN NAME OF MOTHER Ananda Easton
13 BIRTHPLACE OF MOTHER (State or country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Frank Tuck
(Address) Chelsea

15 Oct. 4th 1913
Filed _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 25, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1913 to Sept 25, 1913, that I last saw her alive on Sept 25, 1913 and that death occurred, on the date stated above, at 2 p.m.
The CAUSE OF DEATH* was as follows:
Cerebral Tumor

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Sept 28, 1913 (Address) Chelsea Mich
State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Chelsea DATE OF BURIAL Sept 28, 1913

20 UNDERTAKER L.A. Mapes ADDRESS Chelsea

*Received: Oct. 4-1913
Ann Arbor, Mich. 5, 1914*

PLACE OF DEATH

County

Township

or

Village

or

City

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)BIRTHPLACE
(State or country)NAME OF
FATHERBIRTHPLACE
OF FATHER
(State or country)MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed)

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)At place
of deathWhere was disease contracted,
if not at place of death?Former or
usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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

1 PLACE OF DEATH

County Washtenaw
 Township Sylvan
 or
 Village Chelsea
 or
 City _____

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

2 FULL NAME

Samuel Reynolds
 (No) _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)
 6 DATE OF BIRTH July 7, 1830
 (Month) (Day) (Year)
 7 AGE 83 yrs. 7 mos. 24 ds. or min.?

8 OCCUPATION

(a) Trade, profession or
 particular kind of work
 (b) General nature of industry,
 business, or establishment in
 which employed (or employer)

Farmer.
Farming

9 BIRTHPLACE
(State or country)

England
Samuel Reynolds.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

England
Charlotte Hammond
England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

John Bacon
Chelsea Mich
Nov. 18, 1913
W. H. Maroney
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 1st, 1913
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
July 5th, 1913, to Oct 1st, 1913,
 that I last saw him alive on Oct 1st, 1913,
 and that death occurred, on the date stated above, at 109 m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

Contributory
(SECONDARY)

(Signed) H. H. Schmidt M. D.
Oct 7th, 1913 (Address) Chelsea Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
 (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or
 usual residence _____

17 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove, Chelsea Mich Oct 3rd, 1913
 18 UNDERTAKER J. Haffan Hon. ADDRESS Chelsea Mich

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County *Washtenaw*Township *Sylvan*

or

Village *Chilseag*

or

City

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. *26*

2 FULL NAME

Thomas Edward M. Quillan(No. *1*)(St. *1*)

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*6 DATE OF BIRTH *May 8 1850*
(Month) (Day) (Year)7 AGE *54* yrs. *5* mos. *28* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

*Michigan.*10 NAME OF FATHER *Patrick M. Quillan*11 BIRTHPLACE OF FATHER (State or country) *Ireland*12 MAIDEN NAME OF MOTHER *Anna Markey*13 BIRTHPLACE OF MOTHER (State or country) *Ireland*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Thos. M. Quillan

(Address)

Chilseag Mich

15

Filed *Nov. 7 1913*

REGISTRAR

16 DATE OF DEATH

Nov. 6th 1913
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Sep 5 1913*, to *Nov. 6 1913*, that I last saw him alive on *Nov 6 1913* and that death occurred, on the date stated above, at *10* m.

The CAUSE OF DEATH* was as follows:

Myocarditis.
Hypertrophy of heart

Contributory (SECONDARY)

Leo M. Palmer
(Duration) yrs. mos. ds.

(Signed)

Nov. 7 1913 (Address) *Chilseag*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. John's Em.

DATE OF BURIAL

Nov. 10 1913

20 UNDERTAKER

S. C. Maper

ADDRESS

Chilseag

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County WashtenawTownship Sydney

or

Village Chelsea

or

City _____

(No. _____)

St.; _____

Ward) _____

Registered No. 27

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Gertrude May Moore

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH Sept 2, 1912

(Month)

(Day)

(Year)

7 AGE 1 2 7

yrs.

mos.

ds.

If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Michigan

PARENTS

10 NAME OF FATHER Frank Moore11 BIRTHPLACE OF FATHER (State or country) Michigan12 MAIDEN NAME OF MOTHER Laddie Sanford13 BIRTHPLACE OF MOTHER (State or country) Michigan

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Moore(Address) Chelsea Mich.

15

Filed Nov. 11th 1913REGISTRAR S. J. Mapez

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 10, 1913

Month

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from November 6, 1913 to Nov. 10, 1913that I last saw her alive on Nov. 10, 1913 and that death occurred, on the date stated above, at 29 m.

The CAUSE OF DEATH* was as follows:

Bronchy-pneumoniaContributory (SECONDARY) Whooping-cough. (Duration) _____ yrs. _____ mos. _____ ds.(Signed) S. J. Mapez, M. D. (Duration) _____ yrs. _____ mos. _____ ds.

_____, 191____ (Address) _____

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Oak GroveDATE OF BURIAL Nov. 11, 191320 UNDERTAKER S. J. MapezADDRESS Chelsea Mich.

MARGIN RESERVED FOR BINDING

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

STATE OF MICHIGAN

County *Kashitau*

Department of State--Division of Vital Statistics.

Township Sullivan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or *224*

Village..... (Kohlsdorf)

or

City

Registered No. 24

St.; Ward)

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Augustin L. Stearns

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
---------------	--------------------------	--

DATE OF BIRTH Feb 22 1837
(Month) (Day) (Year)

7 AGE 76 yrs. 8 mos. 20 ds. If LESS than
1 day, _____ hrs.
OR _____ min?

10 OCCUPATION

(a) Trade, profession or particular kind of work *Produce Merchant*

(b) General nature of industry, business, or establishment in which employed (or employer) *Gen Produce*

9 BIRTHPLACE
(State or country)

10 NAME OF FATHER
Peter Steger.

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

12 MAIDEN NAME OF MOTHER *W. G. M.*

13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Philip L. Stearns.*

(Address) Lulu Mich.

15 *11.1.1941*

Filed Sec. 4, 1913, H. H. Harmon
REGISTRAR

16 DATE OF DEATH Nov. 11, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 7 - 1913, to Nov. 10, 1913 that I last saw him alive on Nov. 10, 1913 and that death occurred, on the date stated above, at 39 m.

The CAUSE OF DEATH was as follows:
Hepatic Cirrhosis.
Ascites

DE ✓ (Duration) 1 yrs. 1 mos. 1 ds.

Contributory Inter-scholar
(SECONDARY)

(Duration) yrs. mos. ds.

Signed Nov. 12 1913 (Address) Lyons, Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
24 11/13/22	11/13/22

Oak Grove, Chelsea Mass. 02146, 191

20 UNDERTAKER	ADDRESS
---------------	---------

Steffan Roy Galsen 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

1 PLACE OF DEATH

County Washtenaw
 Township Sylvan
 or
 Village Chelsea
 or
 City _____

 STATE OF MICHIGAN
 Department of State--Division of Vital Statistics.

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.]

2 FULL NAME

Franklin Delos Cummings
 (No. _____ St. _____ Ward _____)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)
 6 DATE OF BIRTH March 22, 1913
 (Month) (Day) (Year)

7 AGE 80 yrs. 8 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired Farmer
owner of farms

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19th, 1913, to Nov. 19th, 1913, that I last saw him alive on Nov. 19th, 1913, and that death occurred, on the date stated above, at 29 m.

The CAUSE OF DEATH* was as follows:

Unknown to me.
Natural causes,

Contributory (SECONDARY)

(Signed)

Nov. 30, 1913

(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

See Lansing file 5th 1913
"Ann Arbor 115-1914"

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County *Washtenaw*Township *Sylvan*

or

Village *Chelsea*

or

City *Ann Arbor*

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. *30*

FULL NAME

Huldah, Augusta Defendorf

St.;

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

DATE OF BIRTH *May 9, 1847*

AGE *66* yrs. *7* mos. *14* ds. *or* min.?

OCCUPATION *Housewife.*

BIRTHPLACE (State or country) *New York*

NAME OF FATHER *Israel Colburn.*

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

MAIDEN NAME OF MOTHER *Sarah Stetson.*

BIRTHPLACE OF MOTHER (State or country) *Massachusetts*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. Byron Defendorf*

(Address) *Chelsea*

File *Dec. 29, 1913*

REGISTRAR

DATE OF DEATH *Dec. 24, 1913*

I HEREBY CERTIFY, That I attended deceased from *Dec. 20, 1913*, to *Dec. 24, 1913*, that I last saw her alive on *Dec. 24, 1913*, and that death occurred, on the date stated above, at *11.9* m.

The CAUSE OF DEATH* was as follows:

Voluntus

Contributory (SECONDARY)

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

Dec. 28, 1913 (Address) *Chelsea*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL *Sak Farm* DATE OF BURIAL *Dec. 28, 1913*

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

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

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than
1 day,.....hrs.
.....yrs.mos.ds. OR.....min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(State or country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on

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

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

Form 38-10-10-1099 Dec-1997

46 Lansing Jan 5-1914
Ann Arbor " " "

1 PLACE OF DEATH

County

Washtenaw
Troy
or
Village
or
CitySTATE OF MICHIGAN
Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 32

2 FULL NAME

Mrs. Rose M. Coover

St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

Feb 6 1914
Geo. R. Stellan
Chelsea Mich
L. W. Mooney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1911, to Dec. 30, 1911, that I last saw her alive on Dec. 30, 1911, and that death occurred, on the date stated above, at 60 m.

The CAUSE OF DEATH* was as follows:

Senile Degeneration of Arteries
Sclerosis
Duration yrs. mos. ds.

Contributory

(SECONDARY)

(Signed)

Andrew G. Guld, M. D.
1/2, 1914 (Address) Chelsea Mich

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

St. John's Church, Chelsea Mich
A. Stellan & Son
Chelsea Mich

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

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than
1 day, hrs.
or min.?

OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)BIRTHPLACE
(State or country)

PARENTS

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1914, to Feb. 3, 1914,

that I last saw her alive on Feb. 3, 1914,

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

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 1914 (Address) Chelsea Mich.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County

Township

or

Village

or

City

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

10 DATE OF DEATH

6 DATE OF BIRTH

7 AGE

If LESS than 1 day, hrs. Or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

10 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)

(Signed)

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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 <i>Washtenaw</i>			Department of State—Division of Vital Statistics.	
Township <i>Adrian</i>			TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
or Village <i>Adrian</i>			Registered No. <i>35</i>	
City <i>Adrian</i>			St.; Ward	
FULL NAME <i>Katherine Doody</i>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		
6 DATE OF BIRTH <i>February 20th 1914</i>		(Month) (Day) (Year)		
7 AGE <i>2</i> yrs. <i>2</i> mos. <i>2</i> ds.		If LESS than 1 day, hrs. or min.?		
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)				
9 BIRTHPLACE (State or country) <i>Michigan</i>				
PARENTS	10 NAME OF FATHER <i>George Doody</i>			
	11 BIRTHPLACE OF FATHER (State or country) <i>Michigan</i>			
	12 MAIDEN NAME OF MOTHER <i>Anna Conlan</i>			
	13 BIRTHPLACE OF MOTHER (State or country) <i>Michigan</i>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>B. Conlan</i> (Address) <i>Adrian Mich.</i>				
15 <i>Feb 24th 1914</i> FILED REGISTRAR				
MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH <i>February 22</i> , 1914 (Month) (Day) (Year)				
17 I HEREBY CERTIFY, That I attended deceased from <i>Feb 20</i> , 1914, to <i>Feb 22</i> , 1914, that I last saw her alive on <i>Feb 22</i> , 1914, and that death occurred, on the date stated above, at <i>7 a. m.</i> The CAUSE OF DEATH* was as follows: <i>Disturbance of the circulation</i>				
Contributory (SECONDARY) <i>W. Schmidt</i> (Signed) <i>Feb 24</i> , 1914 (Address) <i>Adrian</i>				
* State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence				
19 PLACE OF BURIAL OR REMOVAL <i>St. Mary's</i>				DATE OF BURIAL <i>Feb. 23</i> , 1914
20 UNDERTAKER <i>A. H. Hayes</i>				ADDRESS <i>Adrian</i>

1 PLACE OF DEATH

County *Washtenaw*Township *Lyndon*

or

Village *Bellevue*

or

City *Bellevue*(No. *1*)

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registered No. *36*2 FULL NAME *Virginia M. Hieber*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

July 20, 1914
(Month) (Day) (Year)

7 AGE

6 yrs. 6 mos. 21 ds.
If LESS than 1 day, hrs. min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Jackson Michigan

10 NAME OF FATHER

Gas. Hieber

11 BIRTHPLACE OF FATHER (State or country)

Winn.

12 MAIDEN NAME OF MOTHER

Mary Ross

13 BIRTHPLACE OF MOTHER (State or country)

Mich.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Leo D. Staffan*(Address) *Bellevue Mich.*15 Filed *Feb 26, 1914* *Ch. Hieber*

REGISTRAR

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 11th, 1914
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from *Jan 12th, 1914* to *Feb 10th, 1914* that I last saw her alive on *Feb 10th, 1914* and that death occurred, on the date stated above, at *5 P. m.*

The CAUSE OF DEATH* was as follows:

Multiple Abscesses

Contributory (SECONDARY)

Measles & Pertussis
(Duration) yrs. mos. ds.

(Signed)

Feb 11, 1914 *Ch. Hieber*, M. D.
(Address) *Bellevue Mich.*

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Bellevue Mich. *Feb 11, 1914*

20 UNDERTAKER

ADDRESS

Staffan & Son *Bellevue Mich.*MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Form 36-10-10-1000 bbs.-100 pp.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
or
Village Chelsea
or
City Chelsea (No. 1 St.; 1 Ward)
2 FULL NAME Cliff R. Foster

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 39

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH August 2, 1850
(Month) (Day) (Year)
7 AGE 63 yrs. 6 mos. 29 ds. If LESS than 1 day, ____ hrs. OR ____ min.?
8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Michigan

PARENTS

10 NAME OF FATHER William R. Purchase
11 BIRTHPLACE OF FATHER (State or country) England
12 MAIDEN NAME OF MOTHER Maria Marsh
13 BIRTHPLACE OF MOTHER (State or country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Goodyear
(Address) Chelsea
15 Mar. 3rd, 1914
Filed W. H. Warner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 1, 1914
(Month) (Day) (Year)
17 I HEREBY CERTIFY That I attended deceased from March 1st, 1914, to March 1st, 1914, that I last saw her alive on March 1st, 1914, and that death occurred, on the date stated above, at 11 P. m.
The CAUSE OF DEATH * was as follows:
Cancer of rectum.
(Duration) ____ yrs. ____ mos. ____ ds.
Contributory (SECONDARY) Geo. W. Palmer
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) Mar 3, 1914 (Address) Chelsea, M. D.
* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SEPTICAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence ____
19 PLACE OF BURIAL OR REMOVAL Oak Grove
20 UNDERTAKER W. H. Warner
DATE OF BURIAL Mar 4th, 1914
ADDRESS Chelsea

Lawrence and Arthur

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County WashtenawTownship Sylvan

or

Village Chelsea

or

City

(No.

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registered No. 28

2 FULL NAME

Ellen E. Lake

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

6 DATE OF BIRTH

March 26, 1840

(Month)

(Day)

(Year)

7 AGE

73 yrs.

11 mos.

23 ds.

If LESS than 1 day, hrs. min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

New York

10 NAME OF FATHER

William Percival

11 BIRTHPLACE OF FATHER (State or country)

New York

12 MAIDEN NAME OF MOTHER

Jennie McDonald

13 BIRTHPLACE OF MOTHER (State or country)

New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. H. R. Schoenhals

(Address)

Chelsea Mich

15

Filed

3/21

1914

H. J. Danen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 19, 1914

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1913, to March 19, 1914,that I last saw her alive on March 17, 1914,and that death occurred, on the date stated above, at 2.9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Ovaries)2 weeks

(Duration)

yrs.

mos.

ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

S. G. Bush

M. D.

March 20, 1914

(Address)

Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

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

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

Carl Gust. Cemetery

DATE OF BURIAL

March 21, 1914

20 UNDERTAKER

D. A. Mapes

ADDRESS

Chelsea

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 Washtenaw
Township Dyke
or
Village Chelsea
or
City _____ (No. _____ St.; _____ Ward)

STATE OF MICHIGAN
Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 39

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Jacob F. Hoffer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

DATE OF BIRTH Sept 13, 1835
(Month) (Day) (Year)

AGE 78 yrs. 6 mos. 1 ds. or min.?
If LESS than 1 day, _____ hrs.

OCCUPATION
(a) Trade, profession or particular kind of work Iron Smith
(b) General nature of industry, business, or establishment in which employed (or employer) Hardware Store

BIRTHPLACE (State or country) German

NAME OF FATHER Hoffer

BIRTHPLACE OF FATHER (State or country) Rose Lyle

MAIDEN NAME OF MOTHER Germany

BIRTHPLACE OF MOTHER (State or country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. O. Steffan
(Address) Chelsea Mich

Filed 2/21, 1914 H. J. Danen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1913, to March 14, 1914, that I last saw him alive on March 10, 1914, and that death occurred, on the date stated above, at 1:17 p.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart with hydrops
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Geo. W. Palmer, M. D.
March 15, 1914 (Address) Chelsea Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Carr. House Chelsea Mich DATE OF BURIAL March 17, 1914

UNDERTAKER J. O. Steffan, Son Chelsea Mich ADDRESS _____

PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics.

Township Dylan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village ChelseaRegistered No. 70City Chelsea(No. 1)

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Mary Ross

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

16 DATE OF DEATH March 24, 1914
(Month) (Day) (Year)

6 DATE OF BIRTH Dec - 25, 1862
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1913, to March, 1914, that I last saw he alive on March 22, 1914 and that death occurred, on the date stated above, at 4 P.m.

7 AGE 51 yrs. 3 mos. 29 ds. or min.?

THE CAUSE OF DEATH* was as follows:

8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Own Home

Pulmonary Tuberculosis

9 BIRTHPLACE (State or country) Michigan

(Duration) 1 yrs. mos. ds.

10 NAME OF FATHER Michael Keenan

Contributory (SECONDARY) (Duration) yrs. mos. ds.

11 BIRTHPLACE OF FATHER (State or country) Ireland

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

12 MAIDEN NAME OF MOTHER Bridget Durma

March 25, 1914 (Address) Chelsea Mich

13 BIRTHPLACE OF MOTHER (State or country) Ireland

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) W. P. Stafford

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Address) Chelsea Mich

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

15 Filed Apr 4, 1914 N. J. Dancer

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Our home in Chelsea March 27, 1914

20 UNDERTAKER F. Stafford, Son ADDRESS Chelsea Mich

REGISTRAR

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than
1 day, hrs.
OR min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw h^e alive on 191⁴
and that death occurred, on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Dermatitis Erythematosa
MonoliformContributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Andrew B. Bulte, M. D.

3/12, 191⁴ (Address) Chelsea Mich* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
If not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove chh March 12, 191⁴

20 UNDERTAKER

ADDRESS

J. J. Danca Chelsea Mich

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County *Washtenaw*Township *Sylvan*

or

Village *Chelsea*

or

City

(No.

St.;

Ward)

Registered No. *10*[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]2 FULL NAME *Anna Maria Bachel*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)*Widowed*

6 DATE OF BIRTH

Mar 15

(Month)

(Day)

1880

(Year)

7 AGE

84

yrs.

mos.

4

ds.

If LESS than

1 day,

hrs.

OR

min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work*Housewife*(b) General nature of industry,
business, or establishment in
which employed (or employer)*Own Home*

9 BIRTHPLACE

(State or country)

*Germany*10 NAME OF
FATHER*Juno Bantz*11 BIRTHPLACE
OF FATHER
(State or country)*Germany*12 MAIDEN NAME
OF MOTHER*Helene Hollander*13 BIRTHPLACE
OF MOTHER
(State or country)*Germany*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E. J. Hoffman

(Address)

15

Filed

1914

W. J. Janes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 29

(Month)

(Day)

1914

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

191

to

191

that I last saw h..... alive on....., 191

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

The CAUSE OF DEATH * was as follows:

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

(Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

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

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

Mt. Auburn

DATE OF BURIAL

Apr 1

1914

20 UNDERTAKER

J. Hoffman

ADDRESS

Chelsea

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

MARGIN RESERVED FOR BINDING

Form 36-10-10-1000 bbs-100 pp.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washington
Township Dryden
or
Village Chelsea
or
City _____ (No. _____ St.; _____ Ward)

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.]

2 FULL NAME Benjamin A. Hawley

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>October 12, 1840</u> (Month) (Day) (Year)		
7 AGE <u>73</u> yrs. <u>6</u> mos. <u>5</u> ds. <u>or</u> min.?		If LESS than 1 day, _____ hrs. _____ min.?
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>New York</u>		
PARENTS	10 NAME OF FATHER <u>James Hawley</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Connecticut</u>	
	12 MAIDEN NAME OF MOTHER <u>Nancy Van Slyke</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>New York</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Lillian Hawley

(Address) Jackson Mich

16 Filed Apr 20, 1914, W. J. Dancer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>April 17</u> , 191 <u>4</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 30</u> , 191 <u>2</u> , to <u>April 17</u> , 191 <u>4</u> , that I last saw him alive on <u>April 17</u> , 191 <u>4</u> , and that death occurred, on the date stated above, at <u>9 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Cerebral Anemia</u>
(Duration) <u>3</u> yrs. _____ mos. _____ ds.	
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
(Signed) <u>D. H. Bush</u> , M. D. <u>April 18</u> , 191 <u>4</u> (Address) <u>Chelsea</u>	
* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____	
19 PLACE OF BURIAL OR REMOVAL <u>Napoleon Mich</u>	DATE OF BURIAL <u>April 19</u> , 191 <u>4</u>
20 UNDERTAKER <u>D. A. Mapes</u>	ADDRESS _____

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County WashtenawTownship _____
or
Village Chelsea
or

City _____

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.]² FULL NAME Samuel N. Heller

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

³ SEX Female ⁴ COLOR OR RACE White ⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow⁶ DATE OF BIRTH February 5, 1888
(Month) (Day) (Year)⁷ AGE 76 yrs. 2 mos. 20 ds. OR LESS than 1 day, _____ hrs. _____ min.?⁸ OCCUPATION

(a) Trade, profession or particular kind of work

Missionary

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE (State or country)West Virginia

PARENTS

¹⁰ NAME OF FATHERUnknown¹¹ BIRTHPLACE OF FATHER (State or country)Unknown¹² MAIDEN NAME OF MOTHERUnknown¹³ BIRTHPLACE OF MOTHER (State or country)Unknown¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. C. W. Samuels

(Address)

Chelsea Mich¹⁵

Filed

1/20, 1914, H. J. Duncan
REGISTRAR¹⁶ DATE OF DEATHApril 25, 1914
(Month) (Day) (Year)¹⁷ I HEREBY CERTIFY, That I attended deceased fromFeb-1, 1914, to April 25, 1914,that I last saw him alive on April 24, 1914,and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH was as follows:

Arthritis Deformans

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

Gangrene from Pressure

(Duration) yrs. mos. ds.

(Signed)

S. H. Bush, M. D.April 27, 1914 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVALOak Grove

DATE OF BURIAL

April 27, 1914²⁰ UNDERTAKERS. A. Myles

ADDRESS

Chelsea

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

1 PLACE OF DEATH
 County Washington
 Township
 or
 Village Chelsea
 or
 City (No. St.; Ward)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics.

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.]

2 FULL NAME Not named Heber.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH May-21, 1914
 (Month) (Day) (Year)

7 AGE Still Born If LESS than 1 day, hrs. Or min.?

8 OCCUPATION
 (a) Trade, profession or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Chelsea Mich

PARENTS

10 NAME OF FATHER Robert Heber

11 BIRTHPLACE OF FATHER (State or country) Mich

12 MAIDEN NAME OF MOTHER BESSIE SWANSON

13 BIRTHPLACE OF MOTHER (State or country) Michigan

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Carl Steffen
 (Address) Chelsea Mich.

15 Filed Feb 3, 1914, H. J. Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 21-, 1914
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1914, to May 21, 1914, that I last saw h alive on 1914, and that death occurred, on the date stated above, at 40 a m.

The CAUSE OF DEATH* was as follows:
Still Born

(Duration) yrs. mos. ds.
 Contributory (SECONDARY) Indur Cordis
 (Duration) yrs. mos. ds.

(Signed) May 22, 1914 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Capt. Gar Co. DATE OF BURIAL May 22, 1914

20 UNDERTAKER Steffen Son ADDRESS Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County

Washtenaw

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

FULL NAME

Pasina Hutzel

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

July 30

(Month)

(Day)

(Year)

If LESS than
1 day, hrs.
or min.?

7 AGE

63

yrs.

mos.

4

ds.

8 OCCUPATION

(a) Trade, profession or
particular kind of work

Housewife

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Own home

9 BIRTHPLACE

(State or country)

Michigan

10 NAME OF
FATHER

John H. Gussler

11 BIRTHPLACE
OF FATHER

(State or country)

Germany

12 MAIDEN NAME
OF MOTHER

Heiter

13 BIRTHPLACE
OF MOTHER

(State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. P. Stellan

(Address)

Chelsea Mich

15

Filed

6/30

1914

H. J. Dancer

REGISTRAR

16 DATE OF DEATH

May 14

(Month)

(Day)

1914

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

May - 9, 1914, to May - 14, 1914,

that I last saw her alive on May 14, 1914,
and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Chorea undecades
cerebral arteries and
hemorrhage

(Duration)

yrs.

mos.

ds.

Contributory

Auto Bone Rules

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Rel. Walburg

M. D.

May 13, 1914 (Address) Am An

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

19 PLACE OF BURIAL OR REMOVAL

Oak Grove Cem

DATE OF BURIAL

May 14, 1914

20 UNDERTAKER

J. Stellan Son

ADDRESS

Chelsea

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

1 PLACE OF DEATH

County Washington
 Township
 or
 Village Chelsea
 or
 City (No. St.; Ward)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics.

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.]

2 FULL NAME Nannah Reynolds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH Jul 24, 1831
 (Month) (Day) (Year)

7 AGE 83 yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
 (a) Trade, profession or particular kind of work Member Old People Home
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) New York

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. W. Saunders

(Address) Chelsea Mich

15 Filed 6/24, 1914 W. J. Dancer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22, 1914
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1914, to June 27, 1914, that I last saw her alive on June 27, 1914, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Contributory Stroke (Duration) yrs. mos. ds.

(SECONDARY) Arteriosclerosis (Duration) yrs. mos. ds.

(Signed) B. H. Bush, M. D.

June 29, 1914 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL June 29, 1914

20 UNDERTAKER S. A. McFar ADDRESS Chelsea

1 PLACE OF DEATH

County

Washington

Township

Bloom

or

Village

Chelsea

or

City

2 FULL NAME

Chad P. Page

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No.

16

St.;

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Jan. 31, 1898
(Month) (Day) (Year)

7 AGE

76 yrs. 8 mos. 7 ds. OR min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Business man

(b) General nature of industry, business, or establishment in which employed (or employer)

Business shop

9 BIRTHPLACE

(State or country)

N. Y.

10 NAME OF FATHER

Chad Page

11 BIRTHPLACE OF FATHER

(State or country)

England

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER

(State or country)

England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Allen Page

(Address)

Chelsea Mich

15

Filed

Apr 4 1914

REGISTRAR

16 DATE OF DEATH

June 18, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

March 22, 1914, to June 17, 1914,

that I last saw him alive on June 17, 1914,

and that death occurred, on the date stated above, at 49, m.

The CAUSE OF DEATH* was as follows:

Rupture of Aorta

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

H. W. Palmer, M. D.

June 19, 1914 (Address) Chelsea Mich

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Cem - June 21, 1914

20 UNDERTAKER

ADDRESS

F. Stiffan Son Chelsea Mich

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 26-10-1000 Rev-1007

1 PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 17

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

6 DATE OF BIRTH Jan 12, 1826 (Month) (Day) (Year)

7 AGE 88 yrs. 5 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession or particular kind of work Carpenter (b) General nature of industry, business, or establishment in which employed (or employer) none

9 BIRTHPLACE (State or country) N. Y.

10 NAME OF FATHER Henry Speer

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

12 MAIDEN NAME OF MOTHER Abigail Dr. Bow

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 8, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1914, to June 8, 1914, that I last saw him alive on June 8, 1914, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Fracture of femur
asthma

Contributory (SECONDARY) (Duration) yrs. mos. ds. April 21 - June 8

(Signed) Andrew G. Gilder, M. D. June 8, 1914 (Address) Chelsea Mich

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Hill Cem. June 18, 1914

20 UNDERTAKER

ADDRESS

F. Hoffman Son Chelsea Mich

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County Washtenaw
Township Sylvan
or
Village Chelsea
or
City _____

STATE OF MICHIGAN Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 18

2 FULL NAME

Charles H. Menter

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married
6 DATE OF BIRTH March 6, 1863
(Month) (Day) (Year)
7 AGE 51 yrs. 6 mos. 6 ds. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Day laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Gen day laborer

9 BIRTHPLACE (State or country)

Michigan

10 NAME OF FATHER

Geo Menter

11 BIRTHPLACE OF FATHER (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Mary Lerrich

13 BIRTHPLACE OF MOTHER (State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo P. Hoffman
(Address) Chelsea

15 Filed Sept 30, 1914 W. J. Dancer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 20, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1914, to Sept 20, 1914, that I last saw him alive on Sept 20, 1914, and that death occurred, on the date stated above, at 4:45 a.m.

The CAUSE OF DEATH* was as follows:

hæmorrhage of the MESENTERIC and ILLIAC

(Duration) yrs. 6 mos. ds.

Contributory (SECONDARY)

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

Sept 27, 1914 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Sept 30, 1914

20 UNDERTAKER

F. Hoffman & Son

ADDRESS

Chelsea

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County

Township

or

Village

or

City

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 19

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

(No.

St.;

Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)

PARENTS

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw h. a. alive on

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

The CAUSE OF DEATH * was as follows:

Contributory
(SECONDARY)

(Signed) M. D.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)At place
of death yrs. mos. ds. In the
State yrs. mos. ds.Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washington
Township
or
Village Chelsea
or
City

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20

2 FULL NAME

Robert Langley

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Nov

20

1898

(Month)

(Day)

(Year)

7 AGE

26

yrs.

0

mos.

9

ds.

If LESS than 1 day, hrs. min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Cement Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

England

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER

(State or country)

-

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James M. Arthy

(Address)

Chelsea

15

Filed

Dec 2-

1914

H. J. Danvers

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov

29

1914

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1914, to Nov 29, 1914, that I last saw him alive on Nov 29, 1914, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(Duration)

yrs.

mos.

2

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

J. J. Bush

M. D.

Nov 20

(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Dec 1

1914

20 UNDERTAKER

J. J. Majors

ADDRESS

Chelsea

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

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County WashtenawTownship Sylvan

or

Village Cheloa

or

City

(No. _____ St.; _____ Ward)

Registered No. 24

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Louise Mohrloer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married6 DATE OF BIRTH Nov 24, 1837
(Month) (Day) (Year)7 AGE 77 yrs. 1 mos. 13 ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Am Home9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER John Frey11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. P. Steffen(Address) Cheloa15 Filed 1/30, 1915, W. J. G. Adams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan - 6, 1915
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1914, to Dec 31, 1914, that I last saw him alive on Dec 31, 1914, and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH * was as follows:

Chronic Subcutaneous Nephritis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) G. W. Palmer, M. D.
Jan 7, 1915 (Address) Cheloa MI

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Cheloa M. C. & Co. DATE OF BURIAL _____, 191520 UNDERTAKER Steffen & Co. ADDRESS Cheloa

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County WashtenawTownship Sylvan

or

Village Chilbo

or

City _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 22

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Eleanor J. Crowell

(No. _____)

St.; _____

Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH March 14, 1887
(Month) (Day) (Year)7 AGE 77 yrs. 10 mos. 8 ds. If LESS than 1 day, _____ hrs. OR _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ohio10 NAME OF FATHER Philly S. Crowell11 BIRTHPLACE OF FATHER (State or country) Conn12 MAIDEN NAME OF MOTHER Anna M. Duncan13 BIRTHPLACE OF MOTHER (State or country) Vermont

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. S. Crowell(Address) Castalia Ohio15 Filed 1/25, 1915, H. J. Duncan

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 22, 1915
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1915, to Jan 22, 1915, that I last saw her alive on Jan 22, 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

MyocarditisContributory Quarantine
(SECONDARY)(Signed) H. W. Schmidt, M. D.
Jan 22, 1915. (Address) Chilbo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Castalia Ohio DATE OF BURIAL Jan 25, 191520 UNDERTAKER S. J. Mages ADDRESS _____

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

MARGIN RESERVED FOR BINDING

Form 28—10-10-1000 b.h.-100 p.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County Washtenaw
Township Dexter
or Chelsea
Village Chelsea
or
City Chelsea

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3
25

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Elizabeth Hayes

St.; Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH July 4, 1828
(Month) (Day) (Year)

7 AGE 86 yrs. 6 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) N. S.

10 NAME OF FATHER John Carr

11 BIRTHPLACE OF FATHER (State or country) N. S.

12 MAIDEN NAME OF MOTHER Mary DeArmond

13 BIRTHPLACE OF MOTHER (State or country) N. S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Chancy Stephens
(Address) Chelsea

15 Filed 1/19 1915 H. J. Duncan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 17, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1915, to Jan 17, 1915, that I last saw ha alive on Jan 17, 1915, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Bronch Pneumonia

(Duration) yrs. mos. 9 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Arthur Gulde, M. D.
1/19, 1915 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

19 PLACE OF BURIAL OR REMOVAL Cat Hill in DATE OF BURIAL Jan 20, 1915

20 UNDERTAKER S. A. Mages ADDRESS

PLACE OF DEATH

STATE OF MICHIGAN

County *Washtenaw*

Department of State--Division of Vital Statistics.

Township *Dyckman*

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village *Chelsea*Registered No. *4*

or

City

(No.

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Conrad Naselschmidt*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*16 DATE OF DEATH *Feb 14*, 191*6*
(Month) (Day) (Year)6 DATE OF BIRTH *July 10*, 18*61*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
....., 191....., to....., 191.....7 AGE *53* yrs. *9* mos. *4* ds. *OR* min. 7
If LESS than 1 day, hrs.that I last saw h..... alive on....., 191.....
and that death occurred, on the date stated above, at *2405* m.8 OCCUPATION
(a) Trade, profession or particular kind of work *Section foreman*
(b) General nature of industry, business, or establishment in which employed (or employer) *M. & P. P.*

The CAUSE OF DEATH* was as follows:

Con Naselschmidt was found dead in bed supposed to have been applying which caused death
(Duration) yrs. mos. ds.9 BIRTHPLACE (State or country) *Michigan*Contributory (SECONDARY)
(Duration) yrs. mos. ds.10 NAME OF FATHER *Geo Naselschmidt*(Signed) *W. D. Withnell Justice*
Peace Feb 14 1916
(Address)11 BIRTHPLACE OF FATHER (State or country) *Germany*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

12 MAIDEN NAME OF MOTHER *Betty Grossman*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESIDENT RESIDENTS)

13 BIRTHPLACE OF MOTHER (State or country) *Germany*

At place of death yrs. mos. ds. In the State yrs. mos. ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) *Geo P. Staffen*

Former or usual residence

(Address) *Chelsea*19 PLACE OF BURIAL OR REMOVAL *Oak Grove Cem.* DATE OF BURIAL *Feb 16*, 191*6*15 Filed *2/24*, 191*6*, *W. J. Danen*20 UNDERTAKER *Geo P. Staffen* ADDRESS *Chelsea Mich*

REGISTRAR

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

MARGIN RESERVED FOR BINDING

FORM 28—16-10-1000 (Rev. 100)

Form 36-10-10-1000 bks.-100 yf.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Chelsea
Village Chelsea
or
City Chelsea (No. 1 St.; 1 Ward)
2 FULL NAME Henry L. Wood

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.
TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Registered No. 26

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>FEB 2</u> , 191 <u>5</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Oct 11</u> , 18 <u>40</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 1</u> , 191 <u>4</u> , to <u>FEB 1</u> , 191 <u>5</u> , that I last saw him alive on <u>FEB 1</u> , 191 <u>5</u> , and that death occurred, on the date stated above, at <u>10:30</u> p.m.	
7 AGE <u>75</u> yrs. <u>4</u> mos. <u>22</u> ds. If LESS than 1 day, _____ hrs. OR _____ min.?			The CAUSE OF DEATH* was as follows: <u>Carcinoma of Cardiac end of Stomach</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Produce Dealer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Gen Producer</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>N. Y.</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>John Wood</u>	(Signed) <u>Geo W Palmer</u> , M. D. <u>FEB 2</u> , 191 <u>5</u> (Address) <u>Chelsea Mich</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>N. Y.</u>	* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	12 MAIDEN NAME OF MOTHER <u>Laura Pullen</u>	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____		
13 BIRTHPLACE OF MOTHER (State or country) <u>N. Y.</u>			19 PLACE OF BURIAL OR REMOVAL <u>East Union Cem Chelsea Mich</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Geo P. Stauffer</u> (Address) _____			DATE OF BURIAL <u>FEB 5</u> , 191 <u>5</u>	
15 Filed <u>2/9</u> , 191 <u>5</u> <u>H. J. Danen</u> REGISTRAR			20 UNDERTAKER <u>L. Stauffer & Son</u>	
			ADDRESS <u>Chelsea Mich</u>	

PLACE OF DEATH

County

Washington

Township

Dylon

or

Village

Chelton

or

City

(No.

St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

William R. Taylor

Registered No.

26

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Feb 16

(Month)

(Day)

1915 (Year)

7 AGE

70

yrs.

11

mos.

28

ds.

If LESS than
1 day, hrs.
OR min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)

Michigan

PARENTS

10 NAME OF
FATHER

Isaac Taylor

11 BIRTHPLACE
OF FATHER
(State or country)

England

12 MAIDEN NAME
OF MOTHER

Charlotte

13 BIRTHPLACE
OF MOTHER
(State or country)

England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs W. R. Taylor

(Address)

Chelton, Md.

15

Filed

2/16 1915 W. J. Danan

REGISTRAR

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 14

(Month)

(Day)

1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Feb 3

1915

to

Feb 5

1915

that I last saw him alive on Feb 5, 1915,

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

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Geo W Palmer

M. D.

Feb 15, 1915 (Address) Chelton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

East Grove, Md.

Feb 17, 1915

20 UNDERTAKER

ADDRESS

J. A. Meyer

Chelton, Md.

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County Washtenaw

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

Township

or Village Chelsea

of

City

(No.

St.;

Ward)

Registered No. 27

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Charles E Fish

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Jan - 6

(Month)

(Day)

(Year) 1843

7 AGE

72

yrs.

mos.

ds.

If LESS than

1 day,

hrs.

or

min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Michigan

10 NAME OF FATHER

Elnathan Fish

11 BIRTHPLACE OF FATHER

(State or country)

N. Y.

12 MAIDEN NAME OF MOTHER

Nancy Pogun

13 BIRTHPLACE OF MOTHER

(State or country)

N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr Charles Fish

(Address)

15

Filed

2/27

1915

W. J. Danen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

FEB 12

(Month)

(Day)

1915

17 I HEREBY CERTIFY, That I attended deceased from

Nov

1, 1914, to

FEB 121915.that I last saw him alive on FEB 12, 1915.and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy cerebral(Duration) yrs. mos. 3 ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. H. Bush, M. D.FEB 12, 1915 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

East Haven CtFeb 15, 1915

20 UNDERTAKER

ADDRESS

D. A. MapesChelsea

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County

Washington

Township

Sylvan

or

Village

Chelso

or

City

(No.

St.

Ward)

2 FULL NAME

Abigail Lighthall

Registered No.

28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

Widowed

6 DATE OF BIRTH

Jul 4

(Month)

(Day)

1869

(Year)

7 AGE

45

yrs.

10

mos.

20

ds.

If LESS than
1 day, hrs.
OR min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Michigan

10 NAME OF FATHER

William Chase

11 BIRTHPLACE OF FATHER
(State or country)

N. Y.

12 MAIDEN NAME OF MOTHER

Hannah Lounsbury

13 BIRTHPLACE OF MOTHER
(State or country)

N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Conr. Lighthall

(Address)

Chelso Macb

15

Filed

2/27

1915

W. J. Danen

REGISTRAR

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

FEB 24

(Month)

(Day)

1915

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Dec 1

1914

to FEB 24

1915

that I last saw him alive on FEB 18

1915

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

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(Duration)

1 yrs.

6

mos.

ds.

Contributory.

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

S. S. Sisk

M. D.

FEB 27

(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

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

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

at home

DATE OF BURIAL

FEB 28

1915

20 UNDERTAKER

S. A. Mapes

ADDRESS

Chelso

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 28--10-10-1000 Rev. 1-10-10

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw
 Township Sylvan
 or
 Village Chelsea
 or
 City _____

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.]

FULL NAME Anna C. Cook

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
 DATE OF BIRTH March Dec. 15, 1888
 (Month) (Day) (Year)

AGE 56 yrs. 3 mos. 7 ds. OR If LESS than 1 day, hrs. min.?

OCCUPATION
 (a) Trade, profession or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Michigan

PARENTS
 10 NAME OF FATHER Lawyer Riggo

11 BIRTHPLACE OF FATHER (State or country) New York

12 MAIDEN NAME OF MOTHER Irma Metcalf

13 BIRTHPLACE OF MOTHER (State or country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. H. Cook(Address) Chelsea, Mich.

15 Filed 3/14, 1915 George M. Seitz
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 12, 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January, 1915, to March, 1915,
 that I last saw him alive on March 12, 1915,
 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Contributory Pulmonary Edema
 (SECONDARY) (Duration) Several yrs. mos. ds.

(Signed) S. G. Bysh, M. D.
March 13, 1915 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Vermont Cemetery DATE OF BURIAL March 15, 1915

20 UNDERTAKER S. A. Mapes ADDRESS Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

County *Washtenaw*

Department of State--Division of Vital Statistics.

Township *Sylvania*

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village *Chelsea*Registered No. *10*

City

(No.

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME *Mrs Edith Holmes*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

³ SEX⁴ COLOR OR RACE⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)¹⁶ DATE OF DEATH*Female* *White* *Married*⁶ DATE OF BIRTH*March 6*, 19*15*
(Month) (Day) (Year)⁷ AGE*Sept 16*, 19*15*
(Month) (Day) (Year)If LESS than
1 day, hrs.
OR min.?⁸ OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Housewife
*own house*⁹ BIRTHPLACE (State or country)*Salem Mass*¹⁰ NAME OF FATHER*Thomas Oscar Hewitt*¹¹ BIRTHPLACE OF FATHER (State or country)*Mass U.S.A.*¹² MAIDEN NAME OF MOTHER*Harriet Penniman*¹³ BIRTHPLACE OF MOTHER (State or country)*U.S.A.*¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Howard S. Holmes

(Address)

*Chelsea Mich*¹⁵

Filed

4/3, 19*15* *Geo M Seitz*

REGISTRAR

¹⁷ I HEREBY CERTIFY, That I attended deceased from *October*, 19*15*, to *March 6*, 19*15*, that I last saw her alive on *March*, 19*15*, and that death occurred, on the date stated above, at *m.*

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis(Duration) *3* yrs. *6* mos. ds.

Contributory (SECONDARY)

Quedema lungs

(Duration) yrs. mos. ds.

(Signed)

S. G. Bush, M. D.*March 7*, 19*15* (Address) *Chelsea*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Chelsea Mich *March 9*, 19*15*²⁰ UNDERTAKER

ADDRESS

Staffen Son *Chelsea*

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

MARGIN RESERVED FOR BINDING

Form 28—10-10-1000 b1a-100 pp.

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

1 PLACE OF DEATH

County Washtenaw
 Township Sylvan
 or
 Village Chelsea
 or
 City Michigan

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.]

2 FULL NAME

Mrs. Christina Mesner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

6 DATE OF BIRTH

Nov 28, 1840
 (Month) (Day) (Year)

7 AGE

74 yrs. 3 mos. 28 ds. If LESS than
 1 day, hrs. OR min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

own home

9 BIRTHPLACE

(State or country)

Wittenburg Germany.

PARENTS

10 NAME OF FATHER

Kreguss

11 BIRTHPLACE OF FATHER (State or country)

Germany.

12 MAIDEN NAME OF MOTHER

Don't Know

13 BIRTHPLACE OF MOTHER (State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John Mesner

(Address)

Chelsea Mich

15

Filed

4/3, 1915 G. M. Seitz
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 26, 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

March 19, 1915, to March 26, 1915,

that I last saw him alive on March 26, 1915,
 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Croupus Pneumonia

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Geo W. Palmer, M. D.
March 27, 1915 (Address) Chelsea Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
 (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or
 usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Chelsea Mich March 30, 1915

20 UNDERTAKER

ADDRESS

Huffman Son Chelsea Mich

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 12

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

County Washtenaw
Township Lyndon
or
Village Chelsea
or
City

(No. _____ St.; _____ Ward)

² FULL NAME Geo. A. Ben. Gale

PERSONAL AND STATISTICAL PARTICULARS

³ SEX Male ⁴ COLOR OR RACE White ⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

⁶ DATE OF BIRTH June 21, 1859
(Month) (Day) (Year)

⁷ AGE 55 yrs. 9 mos. 7 ds. or min.?
If LESS than 1 day, hrs.

⁸ OCCUPATION
(a) Trade, profession or particular kind of work Bank Cashier
(b) General nature of industry, business, or establishment in which employed (or employer) Keuff & Co. Sals Bank

⁹ BIRTHPLACE (State or country) Michigan

¹⁰ NAME OF FATHER Wm A Ben Gale

¹¹ BIRTHPLACE OF FATHER (State or country) U. S. A.

¹² MAIDEN NAME OF MOTHER Elizabeth Kanner

¹³ BIRTHPLACE OF MOTHER (State or country) U. S. A.

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leont Ben Gale
(Address) Chelsea Mich

¹⁵ Filed 4/3, 1915, G. M. Sutz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH March 28, 1915
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY, That I attended deceased from March 23, 1915, to March 28, 1915, that I last saw him alive on March 28, 1915, and that death occurred, on the date stated above, at 223 P. M.

The CAUSE OF DEATH* was as follows:

Acute Croupous
Pneumonia
(Duration) _____ yrs. _____ mos. 5 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Andros Gulde, M. D.
3/29, 1915 (Address) Chelsea Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

¹⁹ PLACE OF BURIAL OR REMOVAL Oak Grove Cem DATE OF BURIAL March 31, 1915

²⁰ UNDERTAKER Staffer Son ADDRESS Chelsea Mich

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County WashtenawTownship Lyndon

or

Village Chelsea

or

City

(No.

St.;

Ward)

Registered No. 13

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Anna H. Henn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)Widow

6 DATE OF BIRTH

April 21, 1840
(Month) (Day) (Year)

7 AGE

74 yrs. 11 mos. 10 ds.
If LESS than 1 day, hrs. OR min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

own home9 BIRTHPLACE
(State or country)Mich. & Donough

10 NAME OF FATHER

Francis M. C. Donough11 BIRTHPLACE OF FATHER
(State or country)Ireland

12 MAIDEN NAME OF MOTHER

Anna Brogan13 BIRTHPLACE OF MOTHER
(State or country)Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. H. Henn

(Address)

Chelsea, Mich.

15

Filed

4/3, 1910
Geo. M. Sutz
REGISTRAR

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 31, 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

March 12, 1910, to March 31, 1910,that I last saw her alive on March 31, 1910,and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH was as follows:

Heart Labor Pneumonia"Terminal"

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)Coronary Atherosclerosis

(Duration) yrs. mos. ds.

(Signed)

Arthur J. Gurdal

, M. D.

April 3, 1910

(Address)

Chelsea

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Olive & ChelseaApril 3, 1910

20 UNDERTAKER

ADDRESS

H. Hoffman SonChelsea, Mich.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County *Washtenaw*Township
or
Village *Chelsea*
or

City

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.]2 FULL NAME *Charlotte Stewart Pendergast*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH *December 25, 1841*
(Month) (Day) (Year)

7 AGE *73* yrs. *3* mos. *27* ds. OR *less* than 1 day, hrs. min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Scotland*

10 NAME OF FATHER *Unknown*
11 BIRTHPLACE OF FATHER (State or country) *Unknown*
12 MAIDEN NAME OF MOTHER *Unknown*
13 BIRTHPLACE OF MOTHER (State or country) *Unknown*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Miss Dunning*
(Address) *Chelsea Mich*

15 *April 26, 1915* *G. M. Lutz*
File REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 22, 1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan. 2, 1915*, to *April 22, 1915*, that I last saw him alive on *April 22, 1915*, and that death occurred, on the date stated above, at *4 P.m.*

The CAUSE OF DEATH* was as follows:

Dementia Paralytica

(Duration) ? yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *S. G. Bush*, M. D.
April 23, 1915 (Address) *Chelsea*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove *April 24, 1915*

20 UNDERTAKER

ADDRESS

L. A. Mapes *Chelsea*

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

MARGIN RESERVED FOR BINDING

Form 36—10-10-1000 Rev.—100 pp.

MARGIN RESERVED FOR BINDING

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

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

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 15

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME Jane V. Jpdike

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH January 15, 1847
(Month) (Day) (Year)

7 AGE 68 yrs. 4 mos. 10 ds. OR min.?
If LESS than 1 day, _____ hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Michigan

10 NAME OF FATHER

Walter Riggo

11 BIRTHPLACE OF FATHER (State or country)

Connecticut

12 MAIDEN NAME OF MOTHER

Betsy Warwick

13 BIRTHPLACE OF MOTHER (State or country)

New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cyrus V. Jpdike
(Address) Chelera Mich

15

Filed May 27, 1915 Geo. Lutz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 25, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from _____, 191____, to April 28, 1915

that I last saw him alive on April 28, 1915

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

The CAUSE OF DEATH* was as follows:

apoplexyfound dead on floorfound dead on floorfound dead on floor

Contributory

(SECONDARY) _____ (Duration) yrs. mos. ds.

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

May 27, 1915 (Address) Chelera Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Oak Grove DATE OF BURIAL May 27, 1915

20 UNDERTAKER

S. A. Mapes ADDRESS Chelera

1 PLACE OF DEATH

County Washtenaw
Township Sylvan
or
Village Chelsea
or
City

STATE OF MICHIGAN
Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 16

2 FULL NAME

Frank Staffan

St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6 DATE OF BIRTH Jan 2, 1882
(Month) (Day) (Year)
7 AGE 83 yrs. 4 mos. 7 ds. OR If LESS than 1 day, hrs. min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer)

Cox Establishment

9 BIRTHPLACE (State or country)

Elser, Iowa, Germany.

10 NAME OF FATHER

Frank Staffan

11 BIRTHPLACE OF FATHER (State or country)

Germany.

12 MAIDEN NAME OF MOTHER

Margaret Staffan

13 BIRTHPLACE OF MOTHER (State or country)

Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. P. Staffan

(Address)

Chelsea Mich

15

Filed

May 25, 1915 Geo. M. Seitz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 18, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1915, to May 18, 1915, that I last saw him alive on May 17, 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH * was as follows:

Cerebral Apoplexy
Died in less than 5 minutes
(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Signed) Geo. W. Palmer M. D.
May 19, 1915 (Address) Chelsea Mich

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mt Olivet Cemetery May 22, 1915

20 UNDERTAKER

ADDRESS

Germain Foster Grand Lake

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

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

PLACE OF DEATH

County Washtenaw
 Township Sylvan
 or
 Village Chelsea
 or
 City _____

 STATE OF MICHIGAN
 Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 17

St.; _____ Ward _____

[If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.]

FULL NAME John Gregg

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)
 6 DATE OF BIRTH July 22, 1841
 (Month) (Day) (Year)
 7 AGE 74 yrs. - 7 mos. - 7 ds. If LESS than 1 day, - hrs. OR - min.?
 8 OCCUPATION (a) Trade, profession or particular kind of work R.R. Engineer (Retired)
 (b) General nature of industry, business, or establishment in which employed (or employer) Steam Engineer R.R.

BIRTHPLACE (State or country)

New York

PARENTS

10 NAME OF FATHER

Enos Gregg

11 BIRTHPLACE OF FATHER (State or country)

N. Y.

12 MAIDEN NAME OF MOTHER

Patty Winslow

13 BIRTHPLACE OF MOTHER (State or country)

N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. T. Steffan
 (Address) Chelsea Mich

15

Filed 8/2, 1915 G. M. Seitz
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July, 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1915, to July 30, 1915, that I last saw him alive on July 28, 1915, and that death occurred, on the date stated above, at 8.9 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart
Aortic Insufficiency

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

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

July 30, 1915 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Park Grove, Chelsea Aug 1, 1915

20 UNDERTAKER

ADDRESS

Geo. T. Steffan Chelsea Mich

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

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

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.]

FULL NAME William J. Denman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Dec. 16, 1851
(Month) (Day) (Year)

7 AGE 63 yrs. 7 mos. 15 ds. or If LESS than 1 day, _____ hrs. _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Plumber

9 BIRTHPLACE
(State or country)

Michigan

10 NAME OF FATHER William Denman

11 BIRTHPLACE OF FATHER (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Ellen J. Depew

13 BIRTHPLACE OF MOTHER (State or country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs W. J. Denman

(Address) Chelsea Mich

Filed 8/4 1915 L. M. Seitz

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 31, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from June 6, 1915 to July 31, 1915, that I last saw him alive on July 31, 1915, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH * was as follows:

Angina Pectoris

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Andros G. Gault M. D.
Aug 1, 1915 (Address) Chelsea Mich

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove

Aug 3, 1915

20 UNDERTAKER

ADDRESS

L. A. Mapes

Chelsea

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

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

STATE OF MICHIGAN
Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 19

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mary Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)
6 DATE OF BIRTH August 22, 1835
(Month) (Day) (Year)
7 AGE 79 yrs. 11 mos. 29 ds. If LESS than 1 day, _____ hrs. OR _____ min.?
8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

8/14, 1915 G. M. Sitz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 21, 1915
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept, 1914, to August 20, 1915, that I last saw him alive on Aug 20, 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Mitral RegurgitationContributory Arteriosclerosis
(SECONDARY)(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) S. L. Bush _____ M. D.
Aug 22, 1915 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Aug 22, 1915

20 UNDERTAKER

ADDRESS

S. A. Mapes Chelsea

PLACE OF DEATH

County Nashewan

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

Township
or
Village Chelsea
or

City (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.)

FULL NAME Ida C. Moschel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH May 16, 1882
(Month) (Day) (Year)7 AGE 33 yrs. 4 mos. 12 ds. OR If LESS than 1 day, _____ hrs. _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country) Michigan

PARENTS

10 NAME OF FATHER Frederick Schaible11 BIRTHPLACE OF FATHER
(State or country) Michigan12 MAIDEN NAME OF MOTHER Mary Kaercher13 BIRTHPLACE OF MOTHER
(State or country) Michigan

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A. J. Faust
(Address) Chelsea Mich15 Filed 10/1/15 1915 L. M. Sutz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 28, 1915
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1915, to Sept 28, 1915, that I last saw her alive on Sept 28, 1915, and that death occurred, on the date stated above, at 11:20 m. Standard

The CAUSE OF DEATH* was as follows:

Compression of the Brain
struck by gasoline inspection
car on M.C.R.R. crossing

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds. 3(Signed) Andros Guldre M. D.
Sept 30, 1915 (Address) Chelsea Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak GroveOct 1, 1915

20 UNDERTAKER

ADDRESS

Sac. MapesChelsea

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

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County

Waukegan

Township

Sylvan

or

Village

Chelusa

or

City

(No.

St.;

Ward)

Registered No.

21

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

Marry Backers

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

DATE OF BIRTH

— — — 1849
(Month) (Day) (Year)

AGE

66 yrs. — mos. — ds. or min.?

If LESS than 1 day, hrs. min.?

OCCUPATION

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

Own Home

BIRTHPLACE

(State or country)

Prussia

PARENTS

NAME OF FATHER

Geo Hoffman

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Elena Martin

BIRTHPLACE OF MOTHER (State or country)

Prussia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo Backers

(Address)

Chelusa Mich

15

Filed

10/9, 1915

Geo M. Satz

REGISTRAR

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Oct

7

1915

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

Oct 5, 1915

to

Oct 7, 1915

that I last saw her alive on Oct 7, 1915

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

The CAUSE OF DEATH* was as follows:

Cerebral Spoplexy

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Geo W. Palmer

M. D.

Oct 8, 1915

(Address)

Chelusa Mich

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mt Olivet Cem. Chelusa Mich

Oct 10, 1915

UNDERTAKER

ADDRESS

Geo Staffan

Chelusa Mich

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

County *Washtenaw*

Department of State--Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No. *22*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Caused Finkbeiner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Married

6 DATE OF BIRTH

August 1

(Month)

(Day)

1887

(Year)

7 AGE

78

yrs.

2

mos.

22

ds.

If LESS than

1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Germany

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs C. Finkbeiner

(Address)

Chelsea Mich.

15

Filed

*10/29**1915**J.M. Seitz*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*October 20**1915*

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

*Aug**1914*

to

*Oct 20**1915*

that I last saw him alive on

*Oct 20**1915*

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

6 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of heart

(Duration)

yrs.

mos.

ds.

Contributory (SECONDARY)

Edema of lungs

(Duration)

yrs.

mos.

ds.

(Signed)

S. G. Bush

M. D.

Oct 26, 1915

(Address)

Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

*Oct 26**1915*

20 UNDERTAKER

S. A. Mages

ADDRESS

Chelsea

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

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

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.]

2 FULL NAME Coralina Marroway

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow
 6 DATE OF BIRTH March 2, 1834
 (Month) (Day) (Year)
 7 AGE 81 yrs. 6 mos. 10 ds. If LESS than 1 day, ____ hrs. OR ____ min.?

8 OCCUPATION
 (a) Trade, profession or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) Own home

9 BIRTHPLACE (State or country) M. Y.

PARENTS
 10 NAME OF FATHER Ephraim Emluck
 11 BIRTHPLACE OF FATHER (State or country) M. Y.
 12 MAIDEN NAME OF MOTHER Marie
 13 BIRTHPLACE OF MOTHER (State or country) M. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo R Staffan
 (Address) Chelsea Mich

15 Filed 11/4, 1915 G.M. Seitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 12, 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to Sept 12, 1915, that I last saw he alive on Sept 12, 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Fracture of left hip

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Geo W. Palmer, M.D. (Duration) _____ yrs. _____ mos. _____ ds.
Sept 14, 1915 (Address) Chelsea Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Calvary Grove Mich DATE OF BURIAL Sept 18, 1915

20 UNDERTAKER Frank Staffan Sons ADDRESS Chelsea

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

PLACE OF DEATH

County *Washtenaw*

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

Township

or

Village *Chelsea*

or

City

(No.

St.;

Ward)

Registered No. *24*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME *Clara Bush Gilbert*

PERSONAL AND STATISTICAL PARTICULARS

³ SEX*Female*⁴ COLOR OR RACE*White*⁵ SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)*Widow*⁶ DATE OF BIRTH*January*

(Month)

6

(Day)

1850

(Year)

⁷ AGE*65*

yrs.

10

mos.

6

ds.

If LESS than
1 day, ____ hrs.
OR ____ min.?⁸ OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE
(State or country)*Michigan*¹⁰ NAME OF FATHER*Eduard Bush*¹¹ BIRTHPLACE OF FATHER
(State or country)*Canada*¹² MAIDEN NAME OF MOTHER*Adelia Bird*¹³ BIRTHPLACE OF MOTHER
(State or country)*New York*¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Dr. S. G. Bush

(Address)

*Chelsea*¹⁵

Filed

*Nov 15, 1915**G. M. Sutz*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH*November 12, 1915*
(Month) (Day) (Year)¹⁷ I HEREBY CERTIFY, That I attended deceased from*May*, 1914, to *Nov 12*, 1915,
that I last saw her alive on *Nov 12*, 1915,
and that death occurred, on the date stated above, at *4 A. M.*

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)*Chronic Myocarditis*

(Duration) yrs. mos. ds.

(Signed)

S. G. Bush

M. D.

Nov 12, 1915

(Address)

Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL*Warren Ohio*

DATE OF BURIAL

*Nov 15, 1915*²⁰ UNDERTAKER*S. A. Myers*

ADDRESS

Chelsea

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County Washtenaw

Township

or Village Chelsea

or City

(No. St.; Ward)

2 FULL NAME Finney T. Buss.STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH February 24, 1880
(Month) (Day) (Year)7 AGE 35 yrs. 8 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)Michigan10 NAME OF FATHER William Buss11 BIRTHPLACE OF FATHER Germany
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER Unknown
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs F. T. Buss(Address) Chelsea Mich.

15

Filed Nov 15, 1915 Es. M. Sutz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 5, 1915
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1915, to Nov. 5, 1915, that I last saw him alive on Nov. 5, 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myelitis

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) S. L. Bush, M. D.
Nov 8, 1915 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Nov 8, 1915

20 UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

County

Washtenaw

Department of State--Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

26

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

Baby Brown

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Female

white

DATE OF BIRTH

Nov 25, 1915

AGE

If LESS than
1 day, 19 hrs.
yrs. mos. ds. or min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country)

Michigan

NAME OF FATHER

Edwin Brown

BIRTHPLACE OF FATHER
(State or country)

Michigan

MAIDEN NAME OF MOTHER

Mary Brayton

BIRTHPLACE OF MOTHER
(State or country)

Michigan

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

Nov 28, 1915 G. M. Seitz

REGISTRAR

DATE OF DEATH

Nov 25, 1915

I HEREBY CERTIFY, That I attended deceased from

, 191, to, 191,

that I last saw h alive on, 191,

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

The CAUSE OF DEATH* was as follows:

Premature infant

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) S. L. Bush, M. D.

Nov 28, 1915 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove

Nov 27, 1915

20 UNDERTAKER

ADDRESS

S. A. Majors

Chelsea

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County *Washtenaw*

Township _____

or Village *Chelsea*

or _____

City _____

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. *27*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Christina Butler*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *widow*
(Write the word)6 DATE OF BIRTH *January 10, 1849*
(Month) (Day) (Year)7 AGE *66* yrs. *10* mos. *26* ds. If LESS than 1 day, ____ hrs. OR ____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work *House wife*
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country) *Michigan*10 NAME OF FATHER *Peter Schmidt*11 BIRTHPLACE OF FATHER (State or country) *Germany*12 MAIDEN NAME OF MOTHER *Unknown*13 BIRTHPLACE OF MOTHER (State or country) *Unknown*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Edwin Butler*(Address) *Chelsea*

15

Filed *Dec 11, 1915* *G. M. Sitz*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 6, 1915*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Dec 1, 1915*, to *Dec 6, 1915*, that I last saw him alive on *Dec 6, 1915*, and that death occurred, on the date stated above, at *9 a.m.*

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory

(SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) *S. L. Bush*, M. D.
Dec 9, 1915 (Address) *Chelsea*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Dec 9, 1915

20 UNDERTAKER

Chas. Mapro

ADDRESS

Chelsea

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County *Washtenaw*

Township _____

or

Village *Chelsea*

or

City _____

(No. _____

St.; _____

Ward) _____

Registered No. *28*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Corbeline Klein*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, *Married* OR DIVORCED (Write the word)6 DATE OF BIRTH *Oct 3, 1867*
(Month) (Day) (Year)7 AGE *48* yrs. *1* mos. *29* ds. *OR* If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade, profession or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer) *own home*9 BIRTHPLACE (State or country) *Michigan*10 NAME OF FATHER *John Haag*11 BIRTHPLACE OF FATHER (State or country) *Germany*12 MAIDEN NAME OF MOTHER *Margaret Singer*13 BIRTHPLACE OF MOTHER (State or country) *Germany*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Geo. T. Staffan*(Address) *Chelsea Mich*15 Filed *Dec 11, 1915* *G. M. Sitz* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 2, 1915*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Nov 12, 1915*, to *Dec 2, 1915*, that I last saw him alive on *Dec 2, 1915*, and that death occurred, on the date stated above, at *11 P.* m.

The CAUSE OF DEATH* was as follows:

Multiple Neuritis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *G. W. P. Pinner* M. D. *Dec 3, 1915* (Address) *Chelsea Mich*

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL *Vault Chelsea Mich* DATE OF BURIAL *Dec 4, 1915*20 UNDERTAKER *G. T. Staffan* ADDRESS *Chelsea Mich*

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

MARGIN RESERVED FOR BINDING

Form 28—10-10-1000 DEX-100 J.P.

PLACE OF DEATH

County Washtenaw

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

Township

or

Village Chelsea

or

City

(No. 1)

St.; Ward

Registered No. 29

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Samuel Trouten

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married6 DATE OF BIRTH Dec 20, 1884
(Month) (Day) (Year)7 AGE 60 yrs. 9 mos. 17 ds. or min.?
If LESS than 1 day, hrs.8 OCCUPATION
(a) Trade, profession or particular kind of work Bookman
(b) General nature of industry, business, or establishment in which employed (or employer) Worked on M.P.C. Co. R.R.9 BIRTHPLACE (State or country) Michigan10 NAME OF FATHER James S. Trouten11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER Margaret Trouten13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard Trouten(Address) Chelsea Mich15 Dec 11, 1915 G. M. Sutz
Filed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 7, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

, 191, to, 191,

that I last saw h alive on, 191,

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

The CAUSE OF DEATH* was as follows:

Ran over by locomotive on
H. M. J. R.R., accidental

(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.(Signed) H. D. Withersall Justice acting M. D.
Dec 7, 1915 (Address) Chelsea Mich

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Grove Cem DATE OF BURIAL Dec 10, 1915
Chelsea Mich20 UNDERTAKER G. P. Staffan ADDRESS Chelsea Mich

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County

Washtenaw

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

30

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

FULL NAME

Pearl May Vogel

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

married

DATE OF BIRTH

July

(Month)

10, 1874

(Day)

(Year)

AGE

41 yrs. 5 mos. 7 ds.

If LESS than
1 day, hrs.
OR min.?

OCCUPATION

(a) Trade, profession or
particular kind of work

Housewife

(b) General nature of industry,
business, or establishment in
which employed (or employer)

BIRTHPLACE

(State or country)

Michigan

NAME OF
FATHER

Charles M Davis

BIRTHPLACE
OF FATHER
(State or country)

Michigan

MAIDEN NAME
OF MOTHER

Minerva Geddis

BIRTHPLACE
OF MOTHER
(State or country)

Michigan

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs L. A. Mapes

(Address)

Charlton

15

Filed

1915

G. M. Seitz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

December

17, 1915

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

June

1915, to

Dec 17, 1915

that I last saw him alive on

Dec 17, 1915

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

The CAUSE OF DEATH* was as follows:

Malignant Endocarditis

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

Gastric and renal hemorrhage

(Duration) yrs. mos. ds.

(Signed)

G. M. Seitz

M. D.

Dec 22, 1915

(Address) Charlton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)At place
of death

yrs. mos. ds.

In the
State

yrs. mos. ds.

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

PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Dec 20, 1915

UNDERTAKER

L. A. Mapes

ADDRESS

Charlton

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

MARGIN RESERVED FOR BINDING

Form 98-10-10-1000 Rev.-100-100

1 PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics.

Township

or Village Chulsa

or City

City

(No.

St.;

Ward)

Registered No. 31

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Isabelle Montague Jackson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

6 DATE OF BIRTH

Aug 22, 1843

7 AGE

72 yrs. 4 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

Own home

9 BIRTHPLACE

(State or country)

Michigan

10 NAME OF FATHER

Barney Montague

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Id

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs C. Haselbach

(Address)

Chulsa Mich.

15

Filed

Dec 31, 1915

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 29, 1915

17 I HEREBY CERTIFY, That I attended deceased from

, 191, to , 191,

that I last saw h alive on , 191,

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

The CAUSE OF DEATH* was as follows:

Clothing caught fire from
Coal stove inflicting burns
causing death
accidental (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. H. Avery Justice of Peace M. D.
Dec 29, 1915 (Address) Chulsa Mich.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

McPherson ChulsaDec 31, 1915

20 UNDERTAKER

ADDRESS

U. P. StaffanChulsa Mich.

MARGIN RESERVED FOR BINDING

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

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

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Ellen Drew

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

6 DATE OF BIRTH August 1, 1881
(Month) (Day) (Year)

7 AGE 84 yrs. 5 mos. 0 ds. OR less than 1 day, hrs. min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work Member A.P. Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Michigan

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Dunning
(Address) Chelsea Mich

15 Filed Jan 3, 1916 G. M. Sitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 1, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1915, to Jan 1, 1916,
that I last saw he alive on Jan 1, 1916,
and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) S. G. Bush, M. D.
(Address) Chelsea, 191

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

19 PLACE OF BURIAL OR REMOVAL Birmingham M. DATE OF BURIAL Jan 3, 1916

20 UNDERTAKER S. A. Mapes ADDRESS Chelsea

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

1 PLACE OF DEATH

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

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 22 FULL NAME Frederick Schauble

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

6 DATE OF BIRTH March 31, 1841
 (Month) (Day) (Year)

7 AGE 74 yrs. 9 mos. 11 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Michigan

10 NAME OF FATHER

Matthew Schauble

11 BIRTHPLACE OF FATHER (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Frederick Schauble
 (Address) Chelsea Mich

15

Filed Jan 17, 1916 G. M. Sitz
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

January 12, 1916
 (Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from January 6, 1916, to January 12, 1916, that I last saw him alive on January 12, 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Croupal Pneumonia

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) G. W. Palmer, M. D.
Jan 16, 1916 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Jan 16, 1916

20 UNDERTAKER

G. S. A. Waples

ADDRESS

Chelsea

1 PLACE OF DEATH
County *Washtenaw*
Township
or
Village *Chelsea*
or
City

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.]

2 FULL NAME *E. Elizabeth Guthrie*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*
(Write the word)
6 DATE OF BIRTH *January 1, 1845*
(Month) (Day) (Year)
7 AGE *70* yrs. *0* mos. *23* ds. OR *1845* min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Michigan

PARENTS
10 NAME OF FATHER *John Guthrie*
11 BIRTHPLACE OF FATHER *Ireland*
(State or country)
12 MAIDEN NAME OF MOTHER *Elizabeth Logan*
13 BIRTHPLACE OF MOTHER *Scotland*
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Albert Guthrie*
(Address) *Chelsea Mich*

15

Filed *Jan 26, 1916* *G. M. Sitz* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH

January 24, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 17, 1915* to *January 24, 1916*,
that I last saw her alive on *January 24, 1916*,
and that death occurred, on the date stated above, at *12* m.

The CAUSE OF DEATH* was as follows;

Procho Pneumonia

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *G. W. Palmer*, M. D.
Jan 25, 1916 (Address) *Chelsea Mich.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Sylvan Center

Jan 27, 1916

20 UNDERTAKER

ADDRESS

S. M. Myers

Chelsea

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 88--10-10-1000 (Rev. 1-10-10)

1 PLACE OF DEATH

County Washtenaw

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

Township _____

or

Village Chelsea

or

City _____

(No. _____)

St.; _____

Ward) _____

Registered No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Emily Boynton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)6 DATE OF BIRTH August 20, 1843
(Month) (Day) (Year)7 AGE 72 yrs. 5 mos. 20 ds. or min.?
If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE
(State or country)Michigan

10 NAME OF FATHER

Abram Storms11 BIRTHPLACE OF FATHER
(State or country)New York

12 MAIDEN NAME OF MOTHER

Emily Norton13 BIRTHPLACE OF MOTHER
(State or country)New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Storms(Address) Chelsea Mich

15

Filed Feb 15, 1916G. M. Sutz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 10, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1915 to Feb 9, 1916, that I last saw him alive on Feb 9, 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart
and
aortic stenosis

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) G. W. Palmer, M. D.
Feb 11, 1916 (Address) Chelsea Mich.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Vermont Cem

DATE OF BURIAL

Feb 12, 1916

20 UNDERTAKER

S. A. Maper

ADDRESS

Chelsea

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County *Washtenaw*

Township

or *Chelsea*

Village

or

City

(No.

St.; Ward)

Registered No. *J-*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Henry E. Simpson*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

6 DATE OF BIRTH

16 DATE OF DEATH

7 AGE

If LESS than

1 day, hrs.

1 day, hrs.

1 day, hrs.

1 day, hrs.

1 day, hrs.

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1 day, hrs.

1 day, hrs.

1 day, hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Duration) yrs. mos. ds.

(Signed) *Harry W. Avery Carson, M. D.*(Address) *Chelsea, MI.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Ann Arbor**March 3, 1916*

20 UNDERTAKER

ADDRESS

*S. A. Mapes**Chelsea*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

March 2, 1916 G. M. Sutz

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 *Washtenaw*

Township _____

or Village *Chelsea*

or City _____

City _____

(No. _____)

St.; _____

Ward) _____

Registered No. *6*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

Charles Eugene Paul

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> (Write the word)
----------------------	---------------------------------	---

6 DATE OF BIRTH <i>May 28, 1869</i> (Month) (Day) (Year)
--

7 AGE <i>46 yrs. 8 mos. 28 ds.</i>	If LESS than 1 day, _____ hrs. or _____ min.?
---------------------------------------	---

8 OCCUPATION (a) Trade, profession or particular kind of work <i>Dealer</i> (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) <i>Michigan</i>

10 NAME OF FATHER <i>William Paul</i>
--

11 BIRTHPLACE OF FATHER (State or country) <i>Michigan</i>
--

12 MAIDEN NAME OF MOTHER <i>Magdalena Stein</i>
--

13 BIRTHPLACE OF MOTHER (State or country) <i>Michigan</i>
--

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs Chas Paul*(Address) *Chelsea Mich*15 *March 2, 1916* *G. M. Fritz*
REGISTRAR

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
February 26, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
Feb 10, 1916, to Feb 25, 1916,
that I last saw him alive on *Feb 25, 1916,*
and that death occurred, on the date stated above, at *10 a.m.*

The CAUSE OF DEATH* was as follows:

*Isotonic Valvular disease
of heart*

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *Geo W Palmer, M. D.*
Feb 28, 1916 (Address) *Chelsea Mich.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Feb 28, 1916

20 UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea

PLACE OF DEATH

County *Washtenaw*

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township
or
Village *Chelsea*
or
CityRegistered No. *7*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Helen Mary Luczynsky

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH *December 9, 1915*
(Month) (Day) (Year)7 AGE *2 yrs. 16 mos. 16 ds.* If LESS than 1 day, hrs. min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Michigan

10 NAME OF FATHER

Albert Luczynsky

11 BIRTHPLACE OF FATHER (State or country)

France

12 MAIDEN NAME OF MOTHER

Francis Hanel

13 BIRTHPLACE OF MOTHER (State or country)

Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Albert Luczynsky

(Address)

Chelsea M.

15

Filed

Mar. 2, 1916 G. M. Fritz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 27, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *February 27, 1916*, to *February 27, 1916*, that I last saw him alive on *Feb 27, 1916*, and that death occurred, on the date stated above, at *8 a. m.*

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory

(SECONDARY) (Duration) yrs. mos. ds.

(Signed)

J. T. Woods

M. D.

Feb 28, 1916 (Address) *Chelsea*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Chelsea

DATE OF BURIAL

Feb 21, 1916

20 UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea

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

MARGIN RESERVED FOR BINDING

Form 28—10-10-1000 b3x-1-100 p5.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

Township

or

Village Chelsea

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8² FULL NAME Sylvester New Kirk

St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

³ SEX <u>Male</u>	⁴ COLOR OR RACE <u>white</u>	⁵ SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widow</u> (Write the word)
⁶ DATE OF BIRTH <u>Feb</u> <u>28</u> , 18 <u>20</u> (Month) (Day) (Year)		
⁷ AGE <u>95</u> - <u>11</u> yrs. <u>18</u> mos. <u>18</u> ds.		If LESS than 1 day, _____ hrs. OR _____ min.?

⁸ OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Farmer

⁹ BIRTHPLACE
(State or country) New York

PARENTS

¹⁰ NAME OF FATHER <u>John New Kirk</u>
¹¹ BIRTHPLACE OF FATHER (State or country) <u>U.S.A.</u>
¹² MAIDEN NAME OF MOTHER <u>Elizabeth Ackers</u>
¹³ BIRTHPLACE OF MOTHER (State or country) <u>U.S.A.</u>

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G.T. Staffan
(Address) Chelsea Mich

¹⁵ Filed March 2, 1916 W.M. Fritz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH Feb 16, 1916
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY, That I attended deceased from Feb 13, 1916, to Feb 16, 1916, that I last saw him alive on Feb 16, 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia(Duration) _____ yrs. _____ mos. 3 ds.

Contributory _____
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) S.G. Bush, M. D.
Feb 17, 1916 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

¹⁹ PLACE OF BURIAL OR REMOVAL Dexter Mich H 653
²⁰ UNDERTAKER G.T. Staffan
DATE OF BURIAL Feb 18, 1916
ADDRESS Chelsea Mich

PLACE OF DEATH

County *Washtenaw*

Township

or Village *Chelsea*

City (No. St.; Ward)

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. *9*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME *William Stocking*

PERSONAL AND STATISTICAL PARTICULARS

³ SEX *Male* ⁴ COLOR OR RACE *White* ⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED *Divorced*⁶ DATE OF BIRTH *February - 1850*
(Month) (Day) (Year)⁷ AGE *66* yrs. — mos. — ds. If LESS than 1 day, — hrs. OR — min.?⁸ OCCUPATION(a) Trade, profession or particular kind of work *Ins. Agent*(b) General nature of industry, business, or establishment in which employed (or employer) *Agent*⁹ BIRTHPLACE (State or country) *U. S.*¹⁰ NAME OF FATHER *Stephen Stocking*¹¹ BIRTHPLACE OF FATHER (State or country) *U. S.*¹² MAIDEN NAME OF MOTHER *Sarah Parrish*¹³ BIRTHPLACE OF MOTHER (State or country) *U. S.*¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE(Informant) *G. P. Staffan*(Address) *Chelsea Mich*¹⁵ Filed *Mar 15 - 1916* *G. M. Seitz*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH *March 5 - 1916*
(Month) (Day) (Year)¹⁷ I HEREBY CERTIFY, That I attended deceased from *March 2, 1915*, to *March 5 - 1916*, that I last saw him alive on *March 4, 1916*, and that death occurred, on the date stated above, at *9* a. m. The CAUSE OF DEATH* was as follows:*Lobar Pneumonia*(Duration) yrs. mos. *4* ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *J. T. Woods*, M. D. *3/7/16*, 1916 (Address) *Chelsea*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

¹⁹ PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Cemetery *Mar 8, 1916*²⁰ UNDERTAKER

ADDRESS

G. P. Staffan *Chelsea*

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

1 PLACE OF DEATH

County WashtenawSTATE OF MICHIGAN
Department of State—Division of Vital Statistics.

Township _____

or Village Chelsea

or _____

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

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.]

2 FULL NAME George Mast

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married6 DATE OF BIRTH Dec 19, 1830
(Month) (Day) (Year)7 AGE 85 yrs. 2 mos. 17 ds. OR If LESS than 1 day, _____ hrs. _____ min.?8 OCCUPATION
(a) Trade, profession or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Gen Blacksmith9 BIRTHPLACE (State or country) Germany10 NAME OF FATHER John Mast11 BIRTHPLACE OF FATHER (State or country) Germany12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo P. Staffan(Address) Chelsea Mich15 Mar 17, 1916 G. M. Sutz
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 6, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1916, to March 6, 1916, that I last saw him alive on March 6, 1916, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Cancer of bladder

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) G. W. Palmer, M. D.
March 8, 1916 (Address) Chelsea Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Park Grove Cem
Chelsea Mich DATE OF BURIAL March 9, 191620 UNDERTAKER Geo P. Staffan ADDRESS Chelsea

1 PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 11

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than
1 day, _____ hrs.
OR _____ min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

File

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

_____, 191____
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar 29, 1916, to Mar 29, 1916,
that I last saw him alive on Mar 29, 1916,
and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Geo. W. Palmer, M. D.
3/31, 1916 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 26—10-10-1000 Rev.—100 pp.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County

Township

or

Village

or

City

STATE OF MICHIGAN
Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH *Jan. 28, 1873*
(Month) (Day) (Year)

7 AGE *43* yrs. *2* mos. *26* ds. If LESS than 1 day, hrs. OR min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Ohio*

10 NAME OF FATHER *J. Stevens*

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

12 MAIDEN NAME OF MOTHER *Melinda Stevens*

13 BIRTHPLACE OF MOTHER (State or country) *Ohio*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *W. L. Ash*(Address) *Jackson Mich.*15 *4/4* 1916 *W. R. Daniel*Filed *4/4* 1916 *W. R. Daniel*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar. 26, 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *191*, to *191*, that I last saw h. alive on *191*, and that death occurred, on the date stated above, at *m.*

The CAUSE OF DEATH* was as follows:

Killed by M. S. Train No. 8 at Chelsea Mich. 3/26/16 About 7:25
(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *W. L. Ash* *Mar 26, 1916* (Address) *Chelsea Mich.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Lansing Mich. Mar 28, 1916

20 UNDERTAKER

ADDRESS

Geo. P. Stafford Chelsea Mich.

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County

Township

or

Village

or

City

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.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than
1 day, hrs.
OR min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country)

PARENTS

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

, 191, to , 191,

that I last saw h alive on , 191,

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

The CAUSE OF DEATH* was as follows:

Killed by Mr. Hain M. S. at
Chas. Jackson Mar. 26, 1916
about 2,25

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. D. W. Chas. Jackson, M. D.

, 191 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Lansing, Mich. Mar. 28, 1916

20 UNDERTAKER

ADDRESS

Chas. Jackson Chas. Jackson

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

MARGIN RESERVED FOR BINDING

Form 38—10-10-1000 Rev. 1-100 pp.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County Washtenaw
 Township Salmon
 or
 Village Chelsea
 or
 City _____

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.]

2 FULL NAME

(No. _____ St.; _____ Ward) Martha Cloud

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 (Write the word)
 6 DATE OF BIRTH Mar 16, 1852
 (Month) (Day) (Year)
 7 AGE 64 yrs. 0 mos. 26 ds. If LESS than 1 day, _____ hrs. OR _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

Minister

9 BIRTHPLACE (State or country)

Ohio

PARENTS

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Downing
 (Address) Chelsea

15

Filed Apr 4, 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

4/2, 1916
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1916, to Apr 2, 1916, that I last saw her alive on Apr 1, 1916, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. P. Woods, M. D.1916 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Springfield Ohio, 1916

20 UNDERTAKER

ADDRESS

Sal. Mapes Chelsea

PLACE OF DEATH

STATE OF MICHIGAN
Department of State--Division of Vital Statistics.

County

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

FULL NAME

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than
1 day, hrs.
OR min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed Apr 11, 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw h. alive on

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

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed) H. H. [Signature] M. D.

(Address) Chelsea, Mich.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 36—10-10-1000 Dks.—100 pp.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County Washtenaw

Township

or

Village Chelsea

or

City

(No.)

St.;

Ward)

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Louisa Holbrook

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

WhiteSINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)Widow

DATE OF BIRTH

June 19, 1884
(Month) (Day) (Year)

AGE

91 yrs. 10 mos. 7 ds. OR If LESS than 1 day, hrs. min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(State or country)Vermont

NAME OF FATHER

UnknownBIRTHPLACE OF FATHER
(State or country)Unknown

MAIDEN NAME OF MOTHER

"

BIRTHPLACE OF MOTHER
(State or country)

"

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

Apr 28 1916 W. B. Davis

REGISTRAR

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Apr 26, 1916
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Apr 2, 1916 to Apr 26, 1916, that I last saw him alive on Apr 22, 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease
Mitral Insufficiency
with Auricular Fibrillation
(Duration) yrs. mos. ds.Contributory
(SECONDARY)(Signed) H. F. Woods, M. D.
7/27, 1916 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Ugandan Apr 28 1916

20 UNDERTAKER

ADDRESS

W. B. Davis Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County Wash

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township

or

Village Chelsea

or

City

(No. _____)

St.; _____

Ward) _____

Registered No. 17

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Thomas M. Namara

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Feb 131855

(Month)

(Day)

(Year)

7 AGE

61 yrs. 2 mos. 6 ds. or min.?

If LESS than 1 day, _____ hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Capt. Prop. owner.

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Mich.

10 NAME OF FATHER

Michael M. Namara

11 BIRTHPLACE OF FATHER (State or country)

Ireland.

12 MAIDEN NAME OF MOTHER

Margaret

13 BIRTHPLACE OF MOTHER (State or country)

Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

B. M. Namara

(Address)

Chelsea Mich.

15

Filed

May 4, 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 191916

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar 26, 1916, to Apr 19, 1916that I last saw him alive on Apr 19, 1916and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) George W. Palmer, M. D.4/20, 1916 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Apr 24, 1916

20 UNDERTAKER

Geo. P. Stoffan

ADDRESS

Chelsea Mich.

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

MARGIN RESERVED FOR BINDING

Form 26—10-10-1000 Rev.—100 pp.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw

Township _____

or

Village Chelsea

or

City _____

(No. _____

St.; _____

Ward) _____

Registered No. 11

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

Chas Lester Canfield

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Sept 19, 1913
(Month) (Day) (Year)

7 AGE 2 yrs. 6 mos. 16 ds. OR 1 day, _____ hrs. _____ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Michi

10 NAME OF FATHER Howard Canfield

11 BIRTHPLACE OF FATHER (State or country) Chelsea Michi

12 MAIDEN NAME OF MOTHER Rella Willson

13 BIRTHPLACE OF MOTHER (State or country) Michi

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Canfield(Address) Chelsea

15

Filed

May 4, 1916W. P. Daniels

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 15, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1916, to April 15, 1916, that I last saw him alive on April 15, 1916, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

acute broncho pneumonia
with embolus media

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. P. Daniels, M. D.
April 6, 1916 (Address) Chelsea Michi

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Mt Olivet DATE OF BURIAL April 17, 1916

20 UNDERTAKER Geo P. Stoffer ADDRESS Chelsea Michi

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County

Washburn

Township

or

Village

or

City

(No.

St.; Ward)

Registered No. 19

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Amos J. Beutler

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

May 7, 1916 (Month) (Day) (Year)

7 AGE

0 yrs. 0 mos. 3 ds. If LESS than I day, hrs. min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Michigan

10 NAME OF FATHER

Edwin Beutler

11 BIRTHPLACE OF FATHER (State or country)

Michigan

12 MAIDEN NAME OF MOTHER

Mary Curtis

13 BIRTHPLACE OF MOTHER (State or country)

Michigan

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Edwin Beutler

(Address)

Chelsea

15

Filed May 19, 1916

E. W. Daniel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 9, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

May 7, 1916, to May 9, 1916, that I last saw him alive on May 19, 1916, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Abscess

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

J. B. Bush

M. D.

May 10, 1916 (Address)

Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

May 12, 1916

20 UNDERTAKER

J. M. Mapp

ADDRESS

Chelsea

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

MARGIN RESERVED FOR BINDING

Form 86—10-10-1000 Rev.—100 P.D.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <i>Washtenaw</i>		Department of State—Division of Vital Statistics.	
Township or Village or City <i>Chelsea</i>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
2 FULL NAME <i>Elizabeth Bessie Glass</i>		Registered No. <i>20</i>	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Female</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>single</i>	
6 DATE OF BIRTH <i>Aug 5</i> , 1916 (Month) (Day) (Year)		10 DATE OF DEATH <i>May 18</i> , 1916 (Month) (Day) (Year)	
7 AGE <i>1</i> yrs. <i>9</i> mos. <i>—</i> ds. <i>07</i> min.?		17 I HEREBY CERTIFY, That I attended deceased from <i>May 18</i> , 1916, to <i>May 18</i> , 1916, that I last saw him alive on <i>May 18</i> , 1916, and that death occurred, on the date stated above, at <i>6 P.</i> m.	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		The CAUSE OF DEATH* was as follows: <i>Burnt over grate party body</i>	
9 BIRTHPLACE (State or country) <i>Mich.</i>		16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence	
PARENTS	10 NAME OF FATHER <i>Joe Glass</i>	Contributory (SECONDARY) (Duration) yrs. mos. ds.	
	11 BIRTHPLACE OF FATHER (State or country) <i>Austria</i>	(Signed) <i>H. W. Schmidt</i> , M. D.	
	12 MAIDEN NAME OF MOTHER <i>Clara Meyer</i>	, 191 (Address)	
	13 BIRTHPLACE OF MOTHER (State or country) <i>Austria</i>	* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)		15 PLACE OF BURIAL OR REMOVAL <i>Chelsea Mich. May 18, 1916</i>	
15 Filed <i>June 4</i> , 1916 <i>W. R. W.</i> REGISTRAR		20 UNDERTAKER <i>Geo P. Sloff</i> ADDRESS <i>Chelsea</i>	

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County *Washtenaw*

Township

or

Village *Chelsea*

or

City

(No.

St.;

Ward)

Registered No. *91*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Mary A. Mensing*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

6 DATE OF BIRTH *April 23, 1867*
(Month) (Day) (Year)

7 AGE *59* yrs. *2* mos. *22* ds. OR min.?
If LESS than 1 day, hrs.

8 OCCUPATION
(a) Trade, profession or particular kind of work *housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Michigan*

10 NAME OF FATHER *Daniel Lantis*

11 BIRTHPLACE OF FATHER (State or country) *Penn.*

12 MAIDEN NAME OF MOTHER *Christina Hoffman*

13 BIRTHPLACE OF MOTHER (State or country) *Germany*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *A. Mensing*

(Address) *Chelsea*

15 Filed *July 18, 1916* *W. K. Daniels* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 15, 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *June 8, 1916*, to *July 15, 1916*, that I last saw h. alive on *July 15, 1916*, and that death occurred, on the date stated above, at *m.*

The CAUSE OF DEATH* was as follows:
Chronic hepatitis
Arterio sclerosis
(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *Andrew Guller*, M. D. *July 17, 1916* (Address) *Chelsea*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Oak Grove* DATE OF BURIAL *July 17, 1916*

20 UNDERTAKER *S. A. Napier* ADDRESS *Chelsea*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 38--10-10-1000 Rev.-100 pp.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County Washtenaw

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township

or

Village Chelsea

or

City

(No.

St.;

Ward)

Registered No. 12

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

Mary Blecha

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)6 DATE OF BIRTH Sept 11, 1848
(Month) (Day) (Year)7 AGE 67 yrs. 10 mos. 20 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Mich10 NAME OF FATHER Michael Kaucer11 BIRTHPLACE OF FATHER (State or country) Germany12 MAIDEN NAME OF MOTHER Dorothy Jabin13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. P. Trist(Address) Chelsea15 Aug 4 6 W. H. Sands
Filed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Aug 1, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June, 1916, to Aug 1, 1916, that I last saw him alive on Aug 1, 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. H. Bush M. D.Aug 3, 1916 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL 8/3, 191619 UNDERTAKER J. A. Mapes ADDRESS Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State--Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No.

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than
1 day, hrs.
or min.?

OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)BIRTHPLACE
(State or country)NAME OF
FATHERBIRTHPLACE
OF FATHER
(State or country)MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

, 191, to, 191,

that I last saw h alive on, 191,

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

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Aug 6, 1916 (Address) Chelsea.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 36—10-10-1000 Rea.—100 pp.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

Township _____

or Village Chelsea

or _____

City _____

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.]

FULL NAME Francetta E. Scripore

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE whiteDATE OF BIRTH Mar. 16, 1914AGE 2 yrs. 6 mos. 2 ds. If LESS than 1 day, _____ hrs. or _____ min.?OCCUPATION
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE (State or country) MichPARENTS NAME OF FATHER William ScriporeBIRTHPLACE OF FATHER (State or country) New YorkMAIDEN NAME OF MOTHER Lula EldredgeBIRTHPLACE OF MOTHER (State or country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Scripore
(Address) Chelsea Mich15 Filed Oct 4, 1916 W. H. David
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18, 1916
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Sept 18, 1916, to Sept 18, 1916,
that I last saw him alive on 9/18, 1916,
and that death occurred, on the date stated above, at 6:30 p.m.The CAUSE OF DEATH* was as follows:
Cholera Morbus(Duration) _____ yrs. _____ mos. 1 ds.Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) H. W. Schmidt, M. D.
9/19, 1916 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL Sept 20, 1916
20 UNDERTAKER S. A. Mapes ADDRESS Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County WashtenawTownship
orVillage
orCity Chelsea

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(No. Emma Jennings St.; Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

6 DATE OF BIRTH Apr. 4, 1853
(Month) (Day) (Year)

7 AGE 63 yrs. 10 mos. 6 ds. or min.?
If LESS than 1 day, hrs.

8 OCCUPATION (a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) New York

10 NAME OF FATHER Eli Kunin

11 BIRTHPLACE OF FATHER (State or country) Ny.

12 MAIDEN NAME OF MOTHER Rosetta Chamberlain

13 BIRTHPLACE OF MOTHER (State or country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. B. Gatis

(Address) Chelsea

15 Filed Nov 3, 1916 W. L. Daniels
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 14, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191, to Oct 14, 1916, that I last saw her alive on Oct 14, 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Crophaemia Guitis

(Duration) 3 yrs. 0 mos. 0 ds.
Contributory Myocardial infarction
(SECONDARY)

(Duration) 0 yrs. 0 mos. 0 ds.
(Signed) D. G. Bush, M. D.
, 191 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Chelsea DATE OF BURIAL Oct 16, 1916

20 UNDERTAKER Geo. P. Stoff ADDRESS Chelsea

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

MARGIN RESERVED FOR BINDING

Form 36—10-10-1000 b2a-100 pp.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 26

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than
1 day, hrs.
OR min.?

OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)BIRTHPLACE
(State or country)PARENTS
10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1915, to Oct 2, 1916,

that I last saw him alive on Oct 24, 1916,

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

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis
intussusception with
valvular disease of heart

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Oct 26, 1916 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Oct 23, 1916

20 UNDERTAKER

ADDRESS

Gar P. Hoffman Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State--Division of Vital Statistics.

Township

or

Village

or

City

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.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than
1 day, ____ hrs.
____ yrs. ____ mos. ____ ds. OR ____ min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(State or country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw him live on

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 86—10-10-1000 bks.—100 pp.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County MacKenzie

Township _____

or

Village Chelsea

or

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

STATE OF MICHIGAN
Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 28

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Fredrick J. Hausman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single.
(Write the word)

6 DATE OF BIRTH Sept 28, 1887
(Month) (Day) (Year)

7 AGE 29 yrs. 0 mos. 25 ds. OR 25 min.?
If LESS than 1 day, _____ hrs.

OCCUPATION

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(State or country)PARENTS
10 NAME OF FATHER Martin Hausman11 BIRTHPLACE OF FATHER
(State or country) Germany12 MAIDEN NAME OF MOTHER Mary Kilkins13 BIRTHPLACE OF MOTHER
(State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Matie Hausman(Address) Jackson Mich15 File Nov 3, 1916 W R Darius
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 23, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1916, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Killed By cars

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) V H Avery, M. D.

Oct 24, 1916 (Address) Chelsea Prison

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

* Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL JacksonDATE OF BURIAL Oct 26, 191620 UNDERTAKER S A MapleADDRESS Chelsea

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

County

Township

or

Village

or

City

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.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than
1 day, ____ hrs.
OR ____ min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

_____, 191____, to _____, 191____,

that I last saw h_____ alive on _____, 191____,

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

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed) _____, M. D.

Oct 24, 1916 (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 36—10-10-1000 bka-100 pp.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County Wash

Township _____

or _____

Village _____

or _____

City Chelsea

(No. _____)

St.; _____

Ward _____

Registered No. 30

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Creason L Scripture

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____
6 DATE OF BIRTH <u>Nov 27, 1912</u> (Month) (Day) (Year)		
7 AGE <u>3 yrs. 10 mos. 5 ds.</u>		If LESS than 1 day, _____ hrs. OR _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE
(State or country)Mich.

PARENTS	10 NAME OF FATHER <u>Will Scripture</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>New York</u>
	12 MAIDEN NAME OF MOTHER <u>Lula Edwidge</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>New York</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Scripture(Address) Chelsea

15 _____

Filed Nov 3, 1916 W. R. Davis

REGISTRAR

STATE OF MICHIGAN

Department of State--Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Oct 12, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1916, to Oct 12, 1916, that I last saw him alive on Oct 12, 1916, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
(SECONDARY) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. H. Woods, M. D.10/12, 1916 (Address) Chelsea

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Cape Grace DATE OF BURIAL Oct 12, 191620 UNDERTAKER J. H. Mapes ADDRESS Chelsea

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

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

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

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