## STATE OF MICHIGAN.

Department of State - Division of Vital Statistics

## REGISTER OF DEATHS.

From July: 1st 1948

From July: 1st 1948

County of Hachtenary

County of Jacktenary

County of Jacktenary

Manual Victors

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

Application of Hacktenary

County of Hacktenary

County of Jacktenary

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

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

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

PLACE OF DEATH	PLACE OF DEATH STATE OF MICHIGAN	
County Washlewave Departm	nent of StateDivision of Vital Statistics.	
	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Township or	or sentiment of sentiment and	
Village Ohnley	Registered No	
or	[If death occurred in	
City	St.; Ward) a hospital or institution, give its NAME instead	
FULL NAME Ann. Ma	of street and number.]	
TOLL NAME OF THE PERSON		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH	
The Design of Divorced in the last	July 16, 1973	
Obate of Bath (Write the word) Moon	17 4 I HEREBY CERTIFY, That Varended deceased from	
1/ (2)	m. 3 11/3	
(Month) (Day) (Year)	191 , to flety , 1913,	
(Month) (Day) (Year)	that I last saw hell alive on fluid, 16, 1913,	
79 / 10 I day, hrs.	and that death occurred, on the date stated above, at 7.0 m.	
Us yrs. O mos. / 2 ds. or min.?	The CAUSE OF DEATH * was as follows;	
* OCCUPATION	Obstruction of the bourls.	
(a) Trade, profession or Houseunful-		
(b) General nature of industry, business, or establishment in		
which employed (or employer)		
* BIRTHPLACE (State or country)	(Duration) yrs, mos, ds,	
DX.9.	XII a sul	
10 NAME OF FATHER	(SECONDARY)	
latayelle Lampson,	(Duration) yrs. mos. ds.	
OF FATHER	(Stined) TV Protest , M. D.	
State or country)  State or country)  M  12 MAIDEN NAME OF MOTHER  OF MOTHER	July 19, 19 3 (Address) Chilsen	
	* State the Disease Causing Death, or in deaths from Violent Causes, state	
13 BIRTHPLACE	(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR	
(State or country)	RECENT RESIDENTS) At place In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs ds. State yrs mos ds.	
4 %	Where was disease contracted, if not at place of death?	
(Informant) Seo frais	Former or usual residence	
Chilsea Mich.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL	
(Address)	Surau leen, July 9 1013	
Quet 3 6 MM	20 UNDERTAKES ADDRESS	
Filed CLLLY 191 , 191 , REGISTRAR	of Stallan Son Chrisen Mark	
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10-10-1000 bks.-100 pp.

A D	STATE OF MICHIGAN nent of StateDivision of Vital Statist	
Township or	OF CERTIFICATE OF DEATH-LOCAL RE	GISTER
Village Chelsey	Registe	red No.
Or City Sto.	// St.; W	[If death occurred in a hospital or institution
FULL NAME U. 6. 40	Elmker.	give its NAME inste- of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
Male Mit Single, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	(Day) (Year
DECEMBER 25, 1837	11 JI HEREBY CERTIFY, That I a	
(Montil) (Day) (Year)	that I last saw h Malive on Che	2/6 1913
7 - 1/   1 day,hrs.	and that death occurred, on the date	ated above, at 300 m
yrs. / mos. / ds.   <u>Or</u> min.?	The CANSE OF DEATH * was as fol	lows:/
(a) Trade, profession or	Valvular deseas	of heart
particular kind of work  (b) General nature of industry, business, or establishment in	1	0
which employed (or employer)		
(State or country) Jermany	(Duration)	yrs mos, d
10 NAME OF GATHER GUERNOWN	(SECONDARY)  ADuration)	yrs. mos. do
O 11 BIRTHPLACE	(Signed) Sysush	, м. с
OF FATHER (State or country) Unknown  12 MAIDEN NAME OF MOTHER  UNRAPPORT	*State the DISEASE CAUSING DEATH, or in death (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, S	ns from Violent Causes, stat
13 BIRTHPLACE OF MOTHER (State or country)  ARRIVATION	18 LENGTH OF RESIDENCE (FOR HOSPITALS, PRECENT RESIDENTS) At place In the	
(Informant) The Best of My KNOWLEDGE	of death yrs, mos, ds, State Where was disease contracted, if not at place of death? Former or usual residence	yrs ds
(Address) Mason Much		Cua 6 19
Filed aug 6 1913 A Maroney REGISTRAN	20 UNDERTAKER Makes	Em les

County Mashtenary	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics.
Township Sylvan TRI  or  Village or  City FULL NAME Culture	Registered No.  St.; Ward)  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
Male Mutte Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)  ODATE OF BIRTH OC. (Month) (Day)	1883 HERBEY CERTIFY, That attended deceased from
7 AGE 11 da	that I last saw haralive on 191, and that death occurred, on the date stated above, at m.  The OAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.
10 NAME OF Michael Haab  11 BIRTHPLACE OF FATHER  10 NAME OF Michael Haab	Contributory (SECONDARY)  (SECONDARY)  (Signed)  (Signed)  (Signed)  (Signed)  (M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER arohuj Velucay ou	Aug 1 (Address) Chalse q  *Style the Disease Causing Death, or in deaths from Violent Causes, state  (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 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?
(Informant) to Haffau  (Address) bulsey Much	Former or usual residence  19 peace of Burlar of Removal Date of Burlal  11 peace of Burlar of Removal Date of Burlal  12 peace of Burlar of Removal Date of Burlal  13 peace of Burlar of Removal Date of Burlar of Bur
Filed Stp A3 1913. Let Marine	AEGISTAAN Jaffau Son Grelsig Mich

Form 30-10-10-1000 bks,-100 pp.

PLACE OF DEATH	STATE OF MICHIGAN
County Mashtenau Departr	ment of StateDivision of Vital Statistics.
Township Sylvan, TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Omelses	Registered No.
City	St.; Ward) if death occurred in a hospital or institution, give its NAME instead
FULL NAME Chigabeth I.	Fiddle of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	Month) (Day) (Year)
October 25, 1837	HEREBY CERTIFY, That I attended deceased from Leph 28, 1913, to Leph 30, 1913,
(Month) (Day) (Year)	that I last saw he alive on Sup. 30, 1913,
75 1/ 5 I day, hrs.	and that death occurred, on the date stated above, at # p.m.
yrs mos ds or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	- A A
(b) General nature of industry, business, or establishment in which employed (or employer)	Wroncho-pneumonia
State or country)	(Duration) yrs. mos. 3 ds.
10 NAME OF LUKEUM	(SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
12 MAIDEN NAME OF MOTHER TURENOWN	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
14 THE ABOVE IS THE ABOT OF MY KNOWLEDGE	of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted
(Informant) Al Daniel Ers	if not at place of death?  Former or usual residence
(Address) Opulsed,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Och 1St 1913, Smanney Begistran	20 UNDERTAKER ADDRESS ONUSE A
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VPLACE OF DEATH	STATE OF MICHIGAN
County Mashtenau Depart	ment of StateDivision of Vital Statistics.
Township Signature Transcriptor Or Village Chilses	T OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No. 2/.
City NAME Jarold	St.; Ward)  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
Male White Single,  Male White Word Single  With the word Single	16 DATE OF DEATH  Sep 20, 1913  (Month) (Day) (Year)
DATE OF BIRTH	THEREBY CHAIF I, That I attended deceased from
(Month) (Day) (Year)	that I last saw h *** to
12 vrs 9 mos 25 ds or min.?	and that death occurred, on the date stated above, at 70. m.
* OCCUPATION	as devidentally Shat by Edward
(a) Trade, profession or particular kind of work (b) General nature of industry,	Watkins was by odward
business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) yrs, mos, ds,
10 NAME OF FATHER THE GLOBAL	Contributory (SECONDARY) Souration yrs. 7000. 7000.
U) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) / Witherelf , M. D
of MOTHER LISSIF Mall	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	15 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or
(Informant)	usual residence
(Address)  (Address)	Sylvan Cen, Chelsea Po Sept 24, 1913
Filed Cay 3, 1913. Registran	J. Haffau Son Chelseg

PLAGE OF DEATH	STATE OF MICHIGAN
County Mashtenane Departs	ment of StateDivision of Vital Statistics.
Township Sylvan TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
village Ohrlseg	Registered No.
Or City (No.2	A St.; Ward) a hospital or institution,
FULL NAME Sugastith	Stabesh give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, Apparated WIDOWED, Symparated	16 DATE OF DEATH
Tenale White (Write the word) bushan	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	, 191 , to, 191,
7 AGE If LESS than I day, hrs.	that I last saw h alive on 191 , and that death occurred, on the date stated above, at m.
yrsds. <u>or</u> min.?	The CAUSE OF DEATH * was as follows:
* OCCUPATION  (a) Trade, profession or Rouse bee bee	Jurors Verdict.
(b) General nature of industry, business, or establishment in	Mrs digituch Stapick in or near the barne
which employed (or employer)	in rear of house was on or about dues
(State or country)	Sept 23. I, Straught to death by a leach
10 NAME OF FATHER	(SECONDARY) to the turn
	(Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER Z (State or country) U 12 MAIDEN NAME OF MOTHER	(Signed) (Address)
12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country)  14 THE ABOVE IS THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds.
G. PHH.	Where was disease contracted, if not at place of death?
(Informant) Les Graffalle	Former or usual residence
(Address) Chulsey Mich	m And Change Mil Date of Burial 1903
Oct 3 3 lott Marmet	20 UNDERTAKER ADDRESS
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PEACE OF DEATH	STATE OF MICHIGAN
County Mashtenand Departm	nent of StateDivision of Vital Statistics.
County	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township	03
Village Chalseg	Registered No.
or (2)	St.; Ward) [If death occurred in a hospital or institution, a logical to American in the instead
City	give its NAME instead of street and number.]
FULL NAME LEMA	exoule.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The sex of color or RACE SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH  Sept. 25, 1913  (Month) (Day) (Year)
OMAGE OF BIRTH	17 A HEREBY CERTIFY, That I attended deceased from
10 8117	June 1 1913 to Sept 25, 1913,
(Month) (Day) (Year)	that I last saw he valive on Sept 25, 1913
7 AGE If LESS than	and that death occurred, on the date stated above, at 20m.
66 yrs 4 mos 6 ds, or min.?	
7	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	Accord Sumo
particular kind of work	Kr
business, or establishment in which employed (or employer)	20
9 BIRTHPLACE DAG /	The state of the s
(State or country)	(Duration) yrs. mos. ds.
10 NAME OF	(SECONDARY)
FATHER Land Guerry	(Ourstion) yrs. mos. ds.
U 11 BIRTHPLACE OF FATHER	(Signed) , M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	Sept 28, 1913 (Address) Chilag Mich
of Mother Chuanda Easton	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country)	At place of death yrs mos ds. 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) Mrs Straus Viske	Former or usual residence
Chelres	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Lept 20 191
" 0.V. 1. H. 2 /9/2/	20 UNDERTAKER ADDRESS
Filed C. 44, 193, 1 REGISTRAR	L. U. Makes Chylses

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Form 38-10-10-1000 bks-100 pp.

PLACE OF DEATH	STATE OF MICHIGAN
County Washtenau Departe	nent of StateDivision of Vital Statistics.
Township Sylvays TRANSCRIPT or Village Foulses	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
or City (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Samues	eynolds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male With the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
Take of BIRTH Febru 7 1830.	HEREBY CERTIFY, That I attended deceased from July 5 th, 1913, to St. 1913,
(Month) (Dey) (Year)  7 AGE  (Month) (Dey) (Year)	that I last saw huualive on Col 1st , 1913,
83 yrs. 7 mos. 24 ds. or min.?	and that death occurred, on the date stated above, at our m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Mitral insufficiency
(b) General nature of industry, business, or establishment in which employed (or employer)	
BIRTHPLACE (State or country)	(Duration) 2 yrs. mos. ds.
10 NAME OF Samuel Expolds.	(SECONDARY) (Duration) yrs. mos. ds.
Of 11 BIRTHPLACE OF FATHER (State or country)  Lugand	(Signed)
of MOTHER Charlotte Haumond	*State the Disease Causing Death, on in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)  At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) Javes Jacon Mich	Former or usual residence  PACE OF BURIAL OR BEMOVAL  DATE OF BURIAL
15 Nat IM 3 12 Manual	Cak Love, Chilsea Mech ADDRESS 191
Filed /OV, 1913, September 1993, Pagistran	Haffan Non, Brelseg Mich

PLACE OF DEATH	STATE OF MICHIGAN
County Mashtenau Depart	ment of StateDivision of Vital Statistics.
Township Sylvan TRANSCRIP	T OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chulses	Registered No.
City	Ward) a hospital or institution,
FULL NAME Thomas la	ward "Juillan" of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR FIACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
Marke of BIRTH Halle 8 1850	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year)	that I last saw hell alive on 1913
574. yrs 5 mos 28 ds, or min.?	and that death occurred, on the date stated above, atm.
* OCCUPATION	The CAUSE OF DEATH* was as follows:
(a) Trade, profession or particular kind of work	Myscardetis.
(b) General nature of industry, business, or establishment in which employed (or employer)	Syperiaphy of hear
(State or country)	Thousaid yes mos, ds.
10 NAME OF Catrick A Quillan	(SECONDARY)  (Duration)  (Duration)  (Duration)
11 BIRTHPLACE OF FATHER (State or country)  W 12 MAIDEN NAME  OF MATHER	(Stipped) , M. D.
of Mother and Markech	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state  (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	of death
(Informant) / Wa Control of Carrier Mich	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Charles of the state	PLACE OF BURIAL, OR BENOVAL DATE OF BURIAL  20 MINDERTAKES  ADDRESS  ADDRESS
Filed VOV 191 AND AND REGISTRAN	S. a. Mapes hulsty

Form 86-10-10-1000 bix-100 pp.

PLACE OF DEATH	STATE OF MICHIGAN
County Manual County	ment of StateDivision of Vital Statistics.
Township or Village Sulses	Registered No. 27
City	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME SOTOMY!	Jay 17 00 TV
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frenche Color or RACE  Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Month)  (Day)  (Year)
DATE OF BIRTH	17 JI HEREBY CERTIFY, That Lattended deceased from
Nept 2 1917	Monuber 6, 1913, to Hov, 10, 1913,
(Month) (Day) (Year)	that I last saw her alive on 1913
7 AGE If LESS that I day,hri	
yrs, mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Broncha-preumonia
particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country) High and	(Duration) yrs. mos. 4 ds.
10 NAME OF FATHER THANKS. How.	(SECONDARY)  (Duration)  (SECONDARY)  (Duration)  (Duration)  (Duration)  (SECONDARY)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed), M. D-
12 MAIDEN NAME OF MOTHER Landie Landord	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Michigan.	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place At place At death yes mos. ds. State yes mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) Thank Moore	Former or usual residence
(Address) Soulsea Mich .	19 PLACE OF BURIAN OR REMOVAL DATE OF BURIAL 3
Filed Hev. 11th 19 3 f Haroney	20 UNDERTAKER ADDRESS
PEGISTRAL	To Villages Opelsey Much

PLACE OF DEATH	STATE OF MICHIGAN
County Mashtenau Depart	ment of StateDivision of Vital Statistics.
Township Sylvan TRANSCRIP	T OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Offices (	Registered No.
or	[If death occurred
FULL NAME Jugusting	St.; Ward) a hospital or institutio give its NAME insternor street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala COLOR OF RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED MALL	16 DATE OF DEATH
DATE OF BIRTH TO DA	17 HEREBY CERTIFY, That I tended deceased from
(Month) (Day), (Year)	July 7 - , 1913, to for, 10 , 1915
7 AGE If LESS than I day,	and that death occurred, on the date stated above, at 50 m
S'OCCUPATION Or mos. 20 ds. or min.?	The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work Soduce Merchauf  (b) General nature of industry,	Jackson Contraction
which employed (or employer)	
State or country)	(Duration) yrs. / mos. ds
10 NAME OF PETER STEARS.	(SECONDARY) (Duration) VIS DOS
11 BIRTHPLACE OF FATHER (State or country) Segmenting  12 MAIDEN NAME 2// C. O.O.	(Signed) Cledros Gulde M. D.
of Mother Waris Fellsman	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?
(Informant) Muse a Megar,	Former or usual residence
(Address) Thuse Mills	Oax Grove Julsey Mich Nov. 13
Filed Sec. 4, 193 Afferonces	Molastan Hoy Chilsen Mich
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1 0 -	STATE OF MICHIGAN
County Nasplenaro Departm	ment of StateDivision of Vital Statistics.
Township Seftrace TRANSCRIPT or Village See See See See See See See See See S	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 20
city FULL NAME Franklin o	St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Write (Write the word)	16 DATE OF DEATH  (Onth)  (Day)  (Year)
March 22, 1913	HEREBY CERTIFY, That I attended deceased from
7 AGE  (Month)  (Day)  (Year)  If LESS than I day,	and that death occurred, on the date stated above, at 29 m.
(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:  luknown to me.  Natural Causes,
9 BIRTHPLACE (State or country)	(a) Duration) yrs. mos. ds.
10 NAME OF FATHER John Luminugs	(SECONDARY) (Duration) yrs. mos. ds.
OF FATHER (State or country)	Mr. 30 193 (Address) Chilsea Much 3
a of Mother Mong Donaldson	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds, State yrs, mos, ds,
14 THE ABOVE IS THE BEST OF MY MOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Chilses Mich	Dan Gran Condenda CO Day of BURIAL 1913
Filed Str 8th 1913. Il Maroney	J Staffan Lon Chilsen Mich
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PLACE OF DEATH	STATE OF MICHIGAN
(1)///	nent of StateDivision of Vital Statistics.
1 / L	OF CERTIFICATE OF DEATH—LOCAL REGISTER
or 1691	30
Village OMUSICA	Registered No. OU
City	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Suldah, On	ousta Nebendors of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  SEX COLOR OR RACE SINGLE.	MEDICAL CERTIFICATE OF DEATH
Temale That Single, Married, WIDOWED, On DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	1 10 016 5
7 AGE If LESS than I day, hrs.	and that death occurred, on the date stated above, at // 9 m.
66 yrs. mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or	2 Colors of Colo
(a) Trade, profession or particular kind of work  (b) General nature of industry,	Colverns
business, or establishment in which employed (or employer)	
BIRTHPLACE (State or country)	4
New Gort	(Duration) yrs. mos
10 NAME OF FATHER	Contributory (SECONDARY)
1) 11 BIRTHPLACE	(Signed) yrs. mos. ds.
I BIRTHPLACE OF FATHER (State or country)    12 MAIDEN NAME	Dec. 28 193 (Address) Chilses
of MOTHER Sarah Stetson.	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Manachus Ett	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds.
Wham Dahudod	Where was disease contracted, if not at place of death?  Former or
(Informant)	usual residence
(Address) Opulsey	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
" Dec. 20 3 PA Marones	20 UNDERTAKEN M ADDRESS A
File (EU. M. 191) MONEY	S. A Hapes Dhilsea

STATE OF MICHIGAN Department of State--Division of Vital Statistics. County TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No. Village or If death occurred in a hospital or institution, give its NAME instead Ward) City of street and number.] RECORD FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH PERMANENT 3 SEX 4 COLOR OF RACE MARRIED. BINDING WIDOWED. OR DIVORCED (Day) (Year) (Month) (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day) that I last saw her alive on FOR If LESS than 7 AGE and that death occurred, on the date stated above, at / 2 m. 1 day, ...... hrs. THIS min.? ds. or The CAUSE OF DEATH \* was as follows: S OCCUPATION 0 (a) Trade, profession or particular kind of work (b) General nature of industry, 2 business, or establishment in 1 which employed (or employer) 5 9 BIRTHPLACE (State or country) (Duration) ..... 5 Contributory 10 NAME OF MARGIN WITH (SECONDARY) FATHER (Duration) 11 BIRTHPLACE (Signed) ARENTS OF FATHER (State or country) (Address).... 12 MAIDEN NAME \*State the Disease Causing Death, or in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR 18 BIRTHPLACE RECENT RESIDENTS) OF MOTHER (State or country) At place of death ...... yrs. ..... mos. ..... ds. State -14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, if not at place of death? ... usual residence 19 PLACE OF BURIAL OR REMOVAL (Address 15 ADDRESS 20 UNDERTAKER REGISTRAR

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

1	
PLACE OF DEATH	STATE OF MICHIGAN
County Washlenaus Departer	nent of StateDivision of Vital Statistics.
County - Landy	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township Augustin	OF CERTIFICATE OF BERTH-LOURE RESIDIES
Village A The Land of	Registered No.
or	[If death occurred in
City	St.; Ward) a hospital or institution, give its HAME instead of street and number.
FULL NAME Harrow	I hout or street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
France Wite (Write the word) Survey	(Month) (Day) (Year)
DATE OF BIRTH	17 /I HEREBY CERTIFY, That Lattended deceased from
January 20 800	Jany 1 1914 to JESM 3 1914
(Month) (Day) (Year)	that I last say her alive on Field 3, 1914,
7 AGE	
1 day,hrs.	and that death occurred, on the date stated above, at 6
	The CAUSE OF DEATH* was as follows:
S OCCUPATION (a) Trade, profession or	A SI
particular kind of work	(Tulmonary Subercoloses.
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE	
(State or country)	(Duration) yrs, mos, ds,
10 NAME OF	Contributory
FATHER CONTRACTOR	(SECONDARY) Aburation Ayrs, mos, ds,
11 BIRTHPLACE	(Signed) M. D.
I BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18	Dantes Mech.
LE 12 MAIDEN NAME ( ) A M	, 191 (Address)
of MOTHER Jellie Koburn	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country)	At place In the of death yrs mos ds. 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) Caralle Trout	Former or
(Informant)	USUAL residence
(Address)	(Bilt Mill Jehr. 6 1914
15 M.O. 1 .1 Makint:	20 UNDESTABLER ADDRESS A
Filed JEly 6, 1914, felt Haroney	Makes Shalas
REGISTRAR	My many hering

PLACE OF DEATH	STATE OF MICHIGAN
Washing Departs	ment of StateDivision of Vital Statistics.
J. A. D. L. C.	N.
Township Temans TRANSCRIP	OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village AMELALA	Registered No.
City (No)	St.; Ward) a hospital or institution
FULL NAME Jussell	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OF RACE SINGLE,	16 DATE OF DEATH
Male Mute OR DIVORCED (Write the word)	(Month) (Day) (Year
DATE OF BIRTH	I HEREBY CERTIFY, That I ettended deceased from
Gagush 1 1838	Jany 00, 1914, to JEM 2, 1914
7 AGE (Month) (Day) (Year)	that I last saw handlive on Field 2 1914
of 5 15 of 1 day,	and that death occurred, on the date stated above, at 800 m
yrs, mos, ds, or min.?	The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession or	
(a) Trade, profession or Jetney Tanner  (b) General nature of industry	Chroning Vectoris
business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	
Lew Gook.	(Duration) yrs. mos. ds
10 NAME OF STATHER	Contributory (SECONGARY)
Jusself Midake,	(Duration) yrs. mos. ds
U 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  OF MOTHER	(Signed)
C 12 MAIDEN NAME	Thyt, 1917 (Address) Alberta Man
a of MOTHER Juliette Willotte	*State the Disease Causing Death, or it—deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE IS TRUE, TO THE BEST OF BY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds.
W PWY	Where was disease contracted, if not at place of death?
(Informant) Had I have	Former or usual residence
(Address) Chilsea Mich.	19 PLAGE OF BURIST OR REMOVAL DATE OF BURIAL
15 000 1 1 1	Jak From Cem. Frely 5, 1914
Filed Tehro 1914 An Marinelle	20 UNDERTAKER ADDRESS
AEGISTRAR	V. J. Maples. Halsea
0	

PLACE OF DEATH STATE OF MICHIGAN Department of State--Division of Vital Statistics. County RANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Township Registered No .. Village or [If death occurred in a hospital or institution. City .Ward) give its NAME instead of street and number.] RECORD FULL NAME EAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OF RACE MARRIED. BINDING WIDOWED. OR DIVORCED (Day) (Month) (Year) (Write the word) MEREBY CERTIFY, That Lattended deceased from DATE OF BIRTH (Day) /(Year) that I last saw hew alive on OR 7 AGE If LESS than and that death occurred, on the date stated above, at / 4. 1 day ......hrs. min.? or. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION ERVED (a) Trade, profession or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) S 9 BIRTHPLACE Ш (State or country) (Duration) K Contributory 10 NAME OF MARGIN (SECONDARY) FATHER 11 BIRTHPLACE PARENTS OF FATHER PLAINLY, (State or country) (Address) 12 MAIDEN NAME State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state OF MOTHER MEANS OF INJURY; and (2) whether ACCINENTAL QUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR 13 BIRTHPLACE RECENT RESIDENTS) OF MOTHER (State or country) At place of death ...... yrs. ..... mos. ..... ds. State . 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, if not at place of death? (Informant) usual residence 19 BLACE OF BURIAL OR REMOVAL (Address) 15 20 UNDERTAKER ADDRESS aunu REGISTRAR

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TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER  OF VILLAGE  PERSONAL RAND STATISTICAL PARTICULARS  PERSONAL RAND STATISTICAL PARTICULARS  PERSONAL RAND STATISTICAL PARTICULARS  **OLOR OR RACE **SMUKE***  **MANNED, WOMEN OF BIRTH  **DATE OF BIRTH  **DATE OF BIRTH  **DATE OF BIRTH  **JULIA STATISTICAL PARTICULARS  **SOLUTION  **OLOR OR RACE **SMUKE***  **MANNED, WOMEN OF BIRTH  **DATE OF BIRTH  **JULIA STATISTICAL PARTICULARS  **SOLUTION  **OLOR OR RACE **SMUKE***  **MANNED, WOMEN OF BIRTH  **JULIA STATISTICAL PARTICULARS  **SOLUTION  **OLOR OR RACE **SMUKE**  **MANNED, WOMEN OF BIRTH  **SOLUTION		STATE OF MICHIGAN ment of StateDivision of Vital Statistics.
TOWNSHIP OF CLASSIC Registered No Court of the secured in a hospital or institution, and	TOURS TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL CENTRE PARTICULAR PARTI	village Cholson	——————————————————————————————————————
FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SOCIOR OR RACE  MANNED  OCCUPATION  (Nonth)  (Day)  (Nonth)  (Nonth)  (Day)  (Nonth)  (Non		St.: Ward) a hospital or institution,
**SET ** COLOR OR RACE ** SUBJECT **  **AMARIED **  **MARKED **  **MARKED **  **  **  **  **  **  **  **  **  **	Ma	
**SOCCUPATION  **OCCUPATION  **OCCUPATION  (I) Trade, profession or prof	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
** DATE OF BIRTH  DEC. 10. (Month) (Day) (Year)    Month) (Day) (Year)    Month) (Day) (Year)    Month) (Day) (Year)    Month) (Day) (Year)    Mark	MARRIED, WIDOWED, OR DIVORCED 24	March 14 , 1914
(Month) (Day) (Yoar)  If LESS than and that death occurred, on the date stated above, at 4,8, m. and the date stated above,		I HEREBY CERTIFY, That I attended deceased from
that I last saw h & alive on MAL & 1 191 % and that death occurred, on the date stated above, at # R m.  Soccupation  (a) Trade, profession or particular kine of work  (b) General nature of industry, business, or establishment in Ohio Target and that death occurred, on the date stated above, at # R m.  Bight Head of work of industry, business, or establishment in Ohio Target and the employer)  Bight Head of work of industry, business, or establishment in Ohio Target and the employer)  Bight Head of work of industry, business, or establishment in Ohio Target and the employer of industry or establishment in Ohio Target and the employer of industry or particular kine of industry.  Bight Head of work of industry, control to the employer of industry or industry of the employer of the employer of industry.  Signed No. 2 (Dargation) yr. mos. ds.  Signed No. 2 (Dargation)	DEC- 25. 1862	DEC 4 , 1913, to Mal , 191 6
SOCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHIPLACE (State or country)  Machigan  (State or country)  13 BIRTHIPLACE OF PATHER  AMAIDEN NAME OF MOTHER (State or country)  13 BIRTHIPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15  Filed  15  MAC STATE  15  MACHIGAN  1914  MACHIGAN  1914  MACHIGAN  MACHIGA		that I last saw h & alive on March 22, 191 %
SOCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  SINTHEPLACE OF FATHER  (State or country)  11 BIRTHPLACE OF ATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 BIRTHPLACE OF MOTHER  (State or country)  15 BIRTHPLACE OF MOTHER  (State or country)  16 MEANS OF ISTERIY; and (22) whether Accopants, or Honcepat.  (Informant)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  16 MEAN OF STERRY and (22) whether Accopants, or Honcepat.  (Informant)  (Address)  (Ad	1 1 1 day,hrs.	/
(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)  10 NAME OF FATHER  CONTRIBUTORY  (SECONDARY)  11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  18 LEWSTH OF RESIDENCE (FOR HOSPITLAS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  Al place of death yrs, most, ds. State yrs, most, ds.  Where was disease contracted, if not at place of death yrs, most, ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNBERTAKER  20 UNBERTAKER  20 UNBERTAKER  ADDRESS  20 UNBERTAKER  ADDRESS		The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Machigan  Contributory (secondary)  (Duration)  yrs. mos. ds.  Contributory (secondary)  (Duration)  yrs. mos. ds.  (Signed)  Contributory (secondary)  (Duration)  yrs. mos. ds.  (Signed)  Contributory (secondary)  (Signed)  Contributory (secondary)  (Duration)  yrs. mos. ds.  (Signed)  March 25, 1914  (Address)  Charles  (Signed)  Signed)  State the Disease Causing Death, or in deaths from Violente Causes, state (1) Means of Interval and (2) whether Accidental, Suicidal, or Homicidal.  Is enorth of residence (for Hospitals, Institutions, Transcents, on Recent Residence)  (Informant)  (Informant)  (Informant)  (Address)  Contributory (secondary)  (Signed)  March 25, 1914  (Address)  Parch 25, 1914  (Address)  State the Disease Causing Death, or in deaths from Violente Causes, state (1) Means of Interval and (2) whether Accidental, in the of death yri. mos. ds. State yri. mos. ds.  Where was disease contracted, if not a place of death?  Former or usual residence  10 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  March 27, 1914  Where was disease contracted, if not a place of death?  Former or usual residence  10 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  March 27, 1914  Our Share Can Chara  March 25, 20  March	(a) Trade, profession or Jouse of E	Vuluonay Tuberculosis
(State or country)  Machigan  (Duration)  (SECONDARY)  (Signed)  (Address)  (Address)  (Salate or country)  (Secondary)  (Seconda	business, or establishment in	
SECONDARY)  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) (Signed)  12 MAIDEN (Address)  13 BIRTHPLACE OF MOTHER (State or country) (Signed)  14 Church  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) (Informant)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) (Informant)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  16 DATE OF BURIAL  17 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER	(State or country) Machine	(Duration) / yrs, mos, ds.
State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Informant)  (Address)  (Informant)  (Informa	10 NAME OF FATHER MEE & COLOR 19 EL COM	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (	OF FATHER  (State or country)	(Signed) I. W. D. Christe, M. D.
OF MOTHER  (State or country)  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  19 PLACE OF BURIAL OR REMOVAL  March 27, 1914.  15  16  17  18  19  19  19  19  19  19  19  19  19	12 MAIDEN NAME OF MOTHER  13 13 15 15 Dry mana	*State the Disease Causing Death, or in deaths from Violent Causes, state
of death yrs. mos. ds. State yrs. mos. ds.  (Informant)  (Informant)  (Address)  (Addres	OF MOTHER	RECENT RESIDENIS)
(Informant)  (Informant)  (Address)  (Addres	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.
15 Filed 8/28 1914 D. Dance 20 UNDERTAKER 22 ADDRESS  FILED 8/28 1914 D. Dance 20 UNDERTAKER 22 ADDRESS	(Informant) Hwp. 5tg/ans	if not at place of death?
Filed 8/28 1914 D. Janes 20 UNDERTAKER 22 ADDRESS	Chalsen 1 mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
		Que Short Can Chela March 27, 1914.
	F1100	J. Staffan Son Cheloca mint

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'PLACE OF DEATH	STATE OF MICHIGAN
County Wash Craw Depart	ment of StateDivision of Vital Statistics.
Township Sylvan TRANSCRIP	T OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chilora	Registered No.
CIE	
FULL NAME anna ma	St., Ward) a hospital or institution,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH
Finale White Whowen OF DISORGED (Write the word) W.	mn 29 , 1914
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Mark 15- 1830	, 191 , to , 191 , 191 ,
7 AGE (Month) (Day) (Year)	that I last saw h alive on 191
8 44 yrs. mos. 4s. or min.?	and that death occurred, on the date stated above, atm.
(a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) yrs, mos, ds.
10 NAME OF	Contributoryds.
FATHER Sono Banks	(SECONDARY)
OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 3/C C	, 191 (Address)
13 BIRTHPLACE	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homoudal.
OF MOTHER (State or country) Humany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5/2 5/1	MI- aluty ADDRESS
Filed 1914 SINGLE REGISTRAN	3 Stellan En Pec.
	11 Charles

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 86-10-10-10-1000 bks,-100 pp.

1PLACE OF DEATH	STATE OF MICHIGAN
County Wash (Enaw) Departm	nent of StateDivision of Vital Statistics.
TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township or	
Village Ohclaca	Registered No.
City (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	ef street and number.]
FULL NAME 18 Enfamme	J. Dew Erg
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MIDOWED.	(Month) (Day) (Year)
Male White (Write the word) Manne	17 I HEREBY CERTIFY, That I attended deceased from
October 12, 1840	Jan 30 , 1912, to Spil 17, 1914,
(Month) (Day) (Year)	that I last saw have alive on april 17, 1914,
7 AGE If LESS than	and that death occurred, on the date stated above, at 9,9,m.
73 vrs. 6 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Councie and anguna
(a) Trade, profession or particular kind of work	U amaine
(b) General nature of industry, business, or establishment in	
which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) J yrs. mos. ds.
10 NAME OF 2	Contributory
PATHER STATES SIGNALES	(SECONDARY) (Duration)
O 11 WATHPLACE	(Signed) D. H. Bush M. D.
State or country) & ome ctlid-	Op 18 1914 (Address) Chilsia
11 STATHER OF STATE (State or country) Comme CTUL-  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
- Jany our registe	(1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos os.
mais Page 3/210	if not at place of death?
(Informant) MAN & Wellow Manuel of	usual residence
(Address) Jacops m. L	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 19 PLACE OF BURIAL  20 19 19 19 19 19 19 19 19 19 19 19 19 19
16	PLOPOLEON MILLY ADDRESS
Filed 0/20 1914 7/ 4 Janea	20 UNDERTAKER ADDRESS
REGISTRAR	10" of Mapes

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MICHIGAN
County	nent of StateDivision of Vital Statistics.
Township or Chelica	OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No.
city FULL NAME Janist 7.	St.; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finals White the word) Wishest	16 DATE OF DEATH  (Month)  (Day)  (Year  17 J HEBEBY CERTIFY, That I attended deceased from
FE Gray 5 (Month) (Day), 1838 (Year)	that I last saw h a live on a pul Z 4 191 K
7 AGE  7 6  yrs. 2 mos. 30 ds. 0r min.?	and that death occurred, on the date stated above, at 6.2 m  The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	arthilis Difinous
BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Gangiene from Pressen
UNKNOWN  11 BIRTHPLACE OF FATHER (State or country) UNCNOWN  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs. mos. d
and (morenz	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, stat (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death
(Informant) my le, w Sayarlar	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Chelgea M. L.  Filed V/20, 1914 V. L. Dancer	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Pail 27 191 X  20 UNDERFAKER  ADDRESS  ADDRESS
REGISTRAR	D. C. MYES CHERSER

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

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

	PLACE OF DEATH	STATE OF MICHIGAN
	County Wash Traw Departm	nent of StateDivision of Vital Statistics.
		OF CERTIFICATE OF DEATH—LOCAL REGISTER
1	or Of Elsca	Registered No. / 3
	or	[If death occurred in
	City	St.; Ward) a hospital or institution, give its NAME instead of street and of street and muber.]
	FULL NAME AST Masm	S Jean.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	Finds Dia Single, MARIED, WIDOWED, OR DIVORED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
4	DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	may-21, 1/94	191 4 6 My 2/ , 191 4
	(Month) (Day) (Year)	that Tlast saw handive on 191
i	16-10 Bon I day,hrs.	and that death occurred, on the date stated above, at/o in.
	yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
	S OCCUPATION (a) Trade, profession or	Mill son
i	particular kind of work  (b) General nature of industry	
	business, or establishment in which employed (or employer)	
	9 BIRTHPLACE (State or country)	(Duration) yrs mos. ds.
	10 NAME OF FATHER PARKS. History	(SECONDARY) (Duration) yrs. mos. ds.
	11 BIRTHPLACE OF FATHER (State or country)  One of the country of	(Signed)
	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER 3655ir Swalhoul-	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  Mr Che gion	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
	Sud Steffan	if not at place of death?  Former or  usual residence
-	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	(Address)	Oan Gun Ca_ 1922 ,191 &
-	3/23 V 2/ ( Fine	20 UNDERTAKER ADDRESS
-	Filed 191 REGISTRAR	Folaffan den Chhi
1		

MARGIN RESERVED FOR BINDING

PLACE OF DEATH STATE OF MICHIGAN	
County Wash (snaw) Departm	nent of StateDivision of Vital Statistics.
Township	OF CERTIFICATE OF DEATH—LOCAL REGISTER
village Chelsea	Registered No.
City (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Pasina 7.	Lutz cl of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED 24	16 DATE OF DEATH  May  (Month)  (Day)  (Year)
Finale Whe Ch (Write the word) Manus	17 I HEREBY CERTIFY, That I attended deceased from
fuly 30 1850	may - 9, 191 , to May - 14, 191K.
(Month) (Day) (Year)	that last saw h alive on may 14, 1914,
/ 3 Q / I day, hrs.	and that death occurred, on the date stated above, at 4. 9m.
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or House of	Choes indocadates
(b) General nature of industry,	cribial arterious
business, or establishment in Coon home which employed (or employer)	Lemvehage
BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.
10 NAME OF FATHER	(SECONDARY)
1) II BIRTHPLACE	(Duration) yrs. mos. ds.
US 11 BIRTHPLACE OF FATHER (State or country) US 12 MAIDEN NAME OF MOTHER  OF MOTHER	My 13, 1918 (Address) am afr
of MOTHER Staff Ca	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
(State or country)	of death yrs mos ds. State yrs mos ds.
Glass SIA	Where was disease contracted, if not at place of death?  Former or
(Informant)	usual residence
(Address) Chillsea Mach	Of Hand Com May 14 1916
Filed 5/30 1914 2/1 1 Dance	20 UNDERTAKER ADDRESS Chelan
REGISTRAR	I olden on

## WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-10-1000 bks-100 pp.

Department of State—Division of Vital Statistics.  Township or Colling Registered No.    Registered No.
TOWNShip or Children  Registered No.  Registered No.  [If death occurred in a hospital or institution of street and number.]  **FULL NAME Cormin**  **PERSONAL AND STATISTICAL PARTICULARS  **SEX  **COLON OR PEGCE  **MANARIED, WICOWNEGED (Write the word)  **DATE OF BIRTH  **DATE OF BIRTH  **AGE  **If LESS than I day, hrr.  **AGE  **If LESS than I day, hrr.  **OCCUPATION  (a) Trade, profession or particular in which employed (or employer)  **OCCUPATION  (a) Trade, profession or particular in which employed (or employer)  **DATE OF DEATH ** was as follows:  **The CAUSE OF DEATH ** was as follows:  **The CAUS
Township or City  (No. St.; Ward)  FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RECE  SINGLE, MANNIED, WOOWED,
Or City (No. St.; Ward) a hospital or institution of street and number.  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX COLOR OR RECE SURGER, WARRINGTON OR DIVERGED
City (No. St.; Ward) a hospital AME intended of street and number.]  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX COLON OR POCK SANALE, WILDOWS OR POWORDS (Wirth the word)  DATE OF BIRTH  AND AND CONTROL (Write the word)  TAGE  If LESS than I day, hrs. and that death occurred, on the date stated above, at /2 m. and that death occurred, on the date stated above, at /2 m. The CAUSE OF DEACH was as follows:  SOCCUPATION  (a) Trade, profession or particular kind of work of work of particular kind of work of industry, businest, or establishment in which employed (or employed) (or
FULL NAME Jamah PEynalds  PERSONAL AND STATISTICAL PARTICULARS  3 SEX COLOR OR PAGCE SANALE, MARRIED, WOOVED OR DIVORCED OR DI
PERSONAL AND STATISTICAL PARTICULARS  BEX  COLOR OR ASCE  MARRIED, WIDOWED  (Write the word)  DATE OF BIRTH  COULDATION  (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)  PATHER  WEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  17 I HEREBY CERTIFY, That I attended deceased from that I last saw h alive on the date stated above, at /2 m.  The CAUSE OF DEATH* was as follows:  MARTER  Contributory  Contributor
**SEX **COLON OR RECE **SINGLE, MARRIED, OR DIVORGED OR DIVORGED OR DIVORGED (Write the word)  **DATE OF BIRTH  **DATE OF BIRTH  **JUNCTO**  **GRAND OF DEATH  **JUNCTO**  **JUNCTO**  **JUNCOTOR OR RECE **MARRIED, OR DIVORGED OR DIVORGED OR DIVORGED (Write the word)  **JUNCTO**  **J
Funcle Warts (Month) (Day) (Year)  ODATE OF BIRTH  Solution (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  If LESS than I day, hrs. and that death occurred, on the date stated above, at /2 m. and that death occurred, on the date stated above, at /2 m. The CAUSE OF DEACH * was as follows:  Soccupation (a) Trade, profession or mans and that death occurred, on the date stated above, at /2 m. The CAUSE OF DEACH * was as follows:  Soccupation (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Au Mans of the country (State or country) Au Mans of the country (State or country) Au Mans of the country (Secondary) (Durglier) yrs. mos. ds.
Finally White Manager of Date of Birth  Date of Birth  Age  Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  If LESS than I day, hrs. or min.?  Soccupation  (a) Trade, profession or particular kind of work months and the death occurred, on the date stated above, at /2 m. The Cause of Death * was as follows:  Soccupation  (a) Trade, profession or particular kind of work months and the death occurred, on the date stated above, at /2 m. The Cause of Death * was as follows:  Soccupation  (b) General nature of industry, business, or establishment in which employed (or employer)  Solution  Birthelace (State or country)  Birthelace (State or country)  Contributory Official and Johnson of the date
** OATE OF BIRTH    Carry   Ca
(Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Secondary) (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Secondary) (Secondary) (Secondary)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Secondary) (Secondary) (Duration) (Duration)  (Month) (Day) (Year)  (Month) (Day) (Particular)  (Month
(Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  If LESS than I day, hrs. and that death occurred, on the date stated above, at /2 m.  The CAUSE OF DEATH * was as follows:  The CAUSE OF DEATH * was as follows:  **The CAUSE OF DEATH * was as follows:  **Description or particular kind of work particular kind particular kind of work particula
The CAUSE OF DEATH * was as follows:    Social Particular kind of work   10   10   10   10   10   10   10   1
and that death occurred, on the date stated above, at 2 m.    Soccupation     Soccupation
**SOCCUPATION  (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)  **DOTATION**  **Contributory**  **C
(a) Trade, profession or particular kind of work Men be all Eggle Home  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  UN KNOWN  Contributory Oll Curation (Secondary)  (Duration)  yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  OBUSINESS OF EXAMPLES OF FATHER  LIN KNOWN  Contributory OELLEWA Jungs (SECONDARY)  (Duration)  yrs. mos. ds.
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  State or country)  10 NAME OF FATHER  UN Known  Contributory & Eleva Jungs (SECONDARY)  (Duration)  yrs. mos. ds.
BIRTHPLACE (State or country)   Par yrs. mos. ds.
(State or country)  (State
10 NAME OF FATHER UN KNOWN (SECONDARY) (Duration) YES, MOS. ds.
FATHER UN KNOWN (SECONDARY) (Duration) yrs. mos. ds.
(Signed) Signed (Signed)
Signor)  Sig
of Mother United Control (1) Means of Indust; and (2) whether Accidental, or Homicidal.  15 Length of Residence (for Hospitals, Institutions, Transients, or
OF MOTHER RECENT RESIDENTS)
of death yrs mos ds. State yrs mos ds.
Where was disease contracted, if not at place of death?
(Informant) (Infor
Chelora Me la 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Coat Short furt 29, 191 &
blad of the ance 20 UNDERTAKER
Filed 6, 1914, REGISTRAR Du a MODES CHOLIER

	STATE OF MICHIGAN  ent of StateDivision of Vital Statistics.
Township or	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. / 6
or City  FULL NAME Chas	St.; Ward)  a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white on mace Single, MARRIED, OR DIVORCED OR DIVORCED (Write the word) Many I	16 DATE OF DEATH  (Month)  (Day)  (Year)
* DATE OF BIRTH . 3 / , 1838	March 22, 1914, to latter 1914
7 AGE (Month) (Day) (Year)  1 If LESS than I day,hrs.	and that death occurred, on the date stated above, at 4,9,m
7 ds. or min.?	The CAUSE OF DEATH was as follows:
(a) Trade, profession or Jan 288 marea  (b) General nature of industry, business, or establishment in which employed (or employer)	/ In
9 BIRTHPLACE (State or country) Mu Yu	(Duration) yrs. mos. ds
10 NAME OF Chad Page	Contributory (SECONDARY)  Duration  yrs. mos. ds
11 BIRTHPLACE OF FATHER (State or country) England  12 MAIDEN NAME OF MOTHER	(Signed) Choce m/
a un mour	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, dt.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Chelsea Mich	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  191 X
Filed 6/20 , 1914, 2. PREGISTRAR	20 UNDERTAKER ADDRESS
REGISTRAR	J. Wolfan - Casadan

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bks.-100 pp.

PLACE OF DEATH	STATE OF MICHIGAN
County Wash Traw Departm	nent of StateDivision of Vital Statistics.
S. C. TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township or O	
Village or	Registered No[If death occurred in
	St.; Ward) a hospital or institution, give its NAME instead
7/5	of street and number.]
FULL NAME June	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORED OR DIVORED OR DIVORED (Write the word) We Lowe	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Jan 12 1826	This 21, 1914, to 152 8, 1914,
(Month) (Day) (Year)	that I last saw have alive on ful & , 191#,
7 AGE If LESS than	and that death occurred, on the date stated above, at
8 9 yrs. 0 mos. 2 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Fracture of FEMECE
(a) Trade, profession or Card anta	ash as a
(b) General nature of industry, business, or establishment in	, 4
which employed (or employer)	Anil 210 June 8
(State or country)	(Duration) yrs. mos. ds.
10 NAME OF	(SECONDARY)
FATHER VEMY Spen	(Duration) yr. mos. ds.
() 11 BIRTHPLACE OF FATHER	(Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	Address) Chick Mark
of MOTHER Trad of Bows	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country)	At place of death yrs mos ds. 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) has I. Soler	Former or usual residence
Obsery mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Qast Short Com- June 18 ,1914
1 / Dances	20 UNDERTAKER ADDRESS
Filed REGISTRAR	tullaffan Don Chilsen Mit

MARGIN RESERVED FOR BINDING

PLACE OF BEATH STATE OF MICHIGAN					
County Wash Inaw Department of StateDivision of Vital Statistics.					
Township Aylvan TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER					
Village Chelosea	Registered No.				
City	St.; Ward) [If death occurred in a hospital or institution,				
FULL NAME Charles 71. MEMa give its NAME in of street and numb					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Male while (Write the word)	16 DATE OF DEATH STATE OF DEATH STAT				
DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from				
March 6, 1863 (Month) (Day) (Year)					
7 AGE If LESS than	that I last saw have alive on Sept 25., 191				
5/ yrs mos 4 ds Or min.?	and that death occurred, on the date stated above, at ##95.m.				
S OCCUPATION	The CAUSE OF DEATH * was as follows:				
(a) Trade, profession or particular kind of work Say La Garca	and Smiled				
(b) General nature of industry.  business, or establishment in Use Day Ca Corce which employed (or employer)					
(State or country) Machina	(Duration) yrs. 6 mos. ds.				
10 NAME OF PATHER SEL MC- PA	Contributory				
OF FATHER (State or country) Servary	(Signed) Signed , M. D.				
et de 12 Maiden NAME OF MOTHER Mary LErich	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.				
13 BIRTHPLACE OF MOTHER (State or country)  State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?				
(Informant)	USUAL residence				
(Address)	Oak Store Sept 30, 1914				
Filed 8 41-30 191 4 9/4 & Dances	20 UNDERTAKER ADDRESS				
REGISTRAR	Ju Staffano & der Challe				

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bks.-100 pp.

	PLACE OF BEATH STATE OF MICHIGAN					
	County Way & Che Can Department of StateDivision of Vital Statistics.					
1	Ton	Township Transcript of Certificate of Death-Local Register				
Village or				[If death occurred in		
	City	(No.	st.;w	ard) a hospital or institution, give its NAME instead of street and number.]		
		FULL NAME Sarah SEISIS				
PERSONAL AND STATISTICAL PARTICULARS		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
-	SEX	GOLOR OR RACE  COLOR OR RACE  SINGLE, MARHED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)  Washington	Def 2	(Day) (Year)		
1	6 DAT	E OF BIRTH	17 I HEREBY CERTIFY, That I a			
	756 23 1887		191 4 to Q ex 26, 191 4			
(Month) (Day) (Year)			that I last saw h & alive on Qet Z& , 191 4			
11	7 AGE If LESS than I day,hrs.		and that death occurred, on the date stated above, at // @m.			
1		yrs mos 4 ds. or min.?	The CAUSE OF DEATH was as follows:			
		Trade, profession or Africa (1)	June 1/ at doma			
	particular kind of work					
business, or establish which employed (or e		General nature of industry, ness, or establishment in A Source.	U			
	9 BIRTHPLACE (State or country)		(Duration) yrs, mos, ds,			
I	10 NAME OF		Contributory (SECONDARY)			
	FATHER Frank Staffen		(Doration yrs. mos. ds.			
	OF FATHER Z (State or country) Sumaling 12 MAIDEN NAME		(Signed) (Address) Chelsea M. D.			
	PAR	of MOTHER Martand States	*State the Disease Causing Death, or in dea (1) Means of Injury; and (2) whether Accidental,	SUICIDAL, OF HOMICIDAL.		
	15 BIRTHPLACE OF MOTHER (State or country)		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the			
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Suff Algffin		of death yrs mos ds. State yrs mos ds Where was disease contracted,			
			if not at place of death?  Former or			
	(In	1080M	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
	15	(Address)	mx Qlan.	( et 3) , 191 C		
-	20	Qcf 30 1814 25 Janen	20 UNDERTAKER	ADDRESS		
-	7.11	REGISTRAR	+ ocaller i our			

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bkg.-100 pp.

PLACE OF DEATH	STATE OF MICHIGAN	
County Wash Erran Department of StateDivision of Vital Statistics.		
Township	T OF CERTIFICATE OF DEATH-LOCAL REGISTER	
Village Chilora	Registered No.	
City (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead	
FULL NAMEN ornir	Notalo ex of street and number.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX COLOR OR RACE SINGLE, MARHIED, WIDOWED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH  (Month) (Day) (Year)	
DATE OF BIRTH (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
Na 24 1837	1915, 1914, TEC 01, 1915,	
(Month) (Day) (Year)	that I last saw h 2 alive on JEC 3/ , 191 4	
7 AGE 1 LESS than 1 day,hrs. ormin.?	The state of the s	
711,	The CAUSE OF DEATH was as follows:	
(a) Trade, profession or Honor f E particular kind of work	Chrome Dulas Miles	
(b) General nature of industry, business, or establishment in which employed (or employer)	Manues	
9 BIRTHPLACE (State or country)	(Duration) yrs, mos, ds.	
10 NAME OF FATHER	Contributory (SECONDARY) (Direction) - VIS. mos. ds.	
1) DIEBIRTHPLAGE	(Signed) (Duration) yrs. mos. ds.	
Of 11 BIRTHPLACE OF FATHER (Nate of country) Command CT 12 MAIDEN NAME OF MOTHER	(Address) Chille M	
12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted,	
Sh. Steffan	if not at place of death?	
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address)	- Chelow M. Q. & Can. 191_	
5100//30 1915 Fl. Calana	20 UNDERTAKEN ADDRESS	
REGISTRAR	1 wight - car	

County Out Caraw STATE OF MICHIGAN  Department of StateDivision of Vital Statis	stics.
Township Sylan TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL R	FEISTED &
or ph.l.c	61
Village Regist	tered No
City St.; V	give its NAME instead
FULL NAME O PEan on L. Coroll	of street and number.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OF DEATH (Month)  (Month)	(Day) (Year)
DATE OF BIRTH	1-21 (-111)
March 14 1837 Jan 19 , 1915; to	an 22 , 1910;
7 AGE (Month) (Day) (Year) that I last saw h calive on	= = 2 , 191 J-
1 day, hr. and that death occurred, on the date	stated above, at
yrs	ollows:
(a) Trade, profession or	4
(b) General nature of industry, business, or establishment in	
which employed (or employer)  BIRTHPLACE	
(State or country) Chico (Duration)	yrs mos. # ds.
10 NAME OF SATHER (SECONDARY)	ma.
Thillis D., Cowdel (Duration)	ycs moth ds.
11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country) (State or country) (Address) (Address)	, M. D
MAIDER HAME	clesu
of Mother Comma M, Suncan (1) Means of Injury; and (2) whether Accidental,	aths from Violent Causes, state Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, RECENT RESIDENTS)  19 AND THE STATE OF	INSTITUTIONS, TRANSIENTS, OR
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE of death yrs. mos. ds. State	yrs, mos, ds.
Where was disease contracted, if not at place of death?	
(Informant) I I I I I I I I I I I I I I I I I I I	
(Address) Cas Ca his Ce his	DATE OF BURIAL
1/15 TILL SUNDERTAKER	ADDRESS
Filed J. 1915. In ancar S. G. M. M. S. S.	

000 ька.-100 рр.

Departm	STATE OF MICHIGAN  ment of StateDivision of Vital Statistics.	
Township Township Township Transcript of Certificate of Death—Local register  Village Che lica Registered No.		
city (No.	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	
Male white word Maniel.  White the word Maniel.	16 DATE OF DEATH	
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
July 10 1861	, 191, to, 191,	
(Month) (Day) (Year)	that I last saw h alive on, 191,	
7 AGE  11 LESS than 1 day,	and that death occurred, on the date stated above, at 24.6 m.	
S OCCUPATION  (a) Trade, profession or Section forman particular kind of work	The CAUSE OF DEATH; was as follows:	
(b) General nature of industry.  business, or establishment in which employed (or employer)  M. L. R. P.	hast been apolly which	
State or country) Michigan	Cares & frath (Duration) yrs. mos. ds.	
10 NAME OF SES IS as Is e hward +	Contributory (SECONDARY) (Duratish) yrs. mos.	
II BIRTHPLACE OF FATHER (State or country)  II MAIDEN NAME OF MOTHER	(Signed) A A WATH CARD GUSTEC M D.	
of MOTHER 13 E My Grassman	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death	
(Informant) Sco Ox Staffano	Where was disease contracted, if not at place of death?  Former or usual residence	
(Address) A for Color Adjusted	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15 Filed 2/24 1915; N. J. Janin	20 UNDERTAKER ADDRESS OF OFFICE W. +	
REGISTRAR	A Contract Ret	

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

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

	'PLACE OF DEATH STATE OF MICHIGAN		
	County Wash tinan Department of State-Division of Vital Statistics.		
	Township	OF CERTIFICATE OF DEATH-LOCAL REGISTER	
	Village Chilo En	Registered No.	
	FULL NAME Ky	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	
	Male White Single, MARRIED, OR DOWN ON	16 DATE OF DEATH  FE 6 2  (Month) (Day) (Year)	
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
	Qc6 // ,1840	, 1914, to 7 8 0 / , 1910,	
	(Month) (Day) (Year)  7 AGE If LESS than	that I last saw ham alive on 7 E 6 - ( 1915;	
	75 yrs 4 mos 12ds, or min.?	and that death occurred, on the date stated above, at om.	
	yrs, mos, ds, <u>or</u> min.?	The CAUSE OF DEATH * was as follows:	
	(a) Trade, profession or working Raba	Carenoma / Cardiac and	
	(b) General nature of Industry, business, or establishment in the product which employed (or employer)	o Scomack	
	9 BIRTHPLACE (State or country)	(Duration) yrs, mos, ds.	
	10 NAME OF FATHER LAG WOOD	(SECONDARY) (Duratign) yrs. mos. ds.	
	IN BIRTHPLACE OF FATHER (State or country)	(Signed) Sis W Valma, M. D.  JEB 2 1915 (Address) Chelsen Mill	
	of MOTHER and Pullan	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	13 BIRTHPLACE OF MOTHER (State or country)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,	
	(Informant) Sis (3 & Cappin	if not at place of death?  Former or  usual residence	
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	15	Quit know Car Chala M 786 5- 1015-	
-	Filed 2/9 191 N D Carecon Registrar	7- Staffen & Sen Chelsea M	

MARGIN RESERVED FOR BINDING

PLACE OF DEATH  STATE OF MICHIGAN  Department of StateDivision of Vital Statistics.	
Township for TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER  Village Or City (No. Sty. 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
Male White Write the word Manual	16 DATE OF DEATH 187 (Month) (Day) (Year)
DATE OF BIRTH  FEG / C  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from
7 AGE 28 If LESS than I day, hrs. or min.?	and that death occurred, on the date stated above, at
* OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Curbial offly
BIRTHPLACE (State or country) Machigan	(Duration) yrs. mos. ds.
10 NAME OF Saac Jaylor 11 BIRTHPLACE	(Secondary)  (Secondary)  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Sugland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos, ds. State yrs, mos, ds.
(Informant) MW WW Jay lor	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Chelsen Mal	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  FEB 17 19105-
Filed 2/16, 1915, 2/2 Dance	In a Mas of Chlace M. of

Form 86-10-10-1000 bks.-100 pp.

1	PLACE OF DEATH	STATE OF MICHIGAN	C'AN RECENT
c	ounty Wash tinaw Depart	ment of StateDivision of Vital Stat	distics.
T	ownship	T OF CERTIFICATE OF DEATH—LOCAL	REGISTER
V	or Chelsea	Regi	stered No. 2
C	ity (No.	St.;	Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME COM aules	= fish	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		OF DEATH
33	Male White be word) Marie (Write the word)	16 DATE OF DEATH IEG /	2 , 191 <b>J</b>
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I	(24) (164)
	lan- Ce , 1848	70 / 1914 to 7	EB/2 1915.
7 A	(Month) (Day) (Year)	that I last saw h realize on A	7-12 1915-
^	If LESS than I day,hrs.	and that death occurred, on the date	,
-	yrs mos ds. Or min.?	The CAUSE OF DEATH * was as	
14	OCCUPATION  Trade, profession of PEtical Farmer  recular kind of work PEtical Farmer	apoplay CuE	
(1	General nature of industry.	00.7	
bu w	siness, or establishment in nich employed (or employer)		-
9 BI	tate or country) Machian	(Duration)	yrs mos. Z ds.
	10 NAME OF Elnathan Fish	Contributory (SECONDARY) (Quration)	2 10
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed) Ju Sus h	, M. D
PARI	12 MAIDEN NAME NAME NAME PO 9 MAIN	*State the DISEASE CAUSING DEATH, or in de (1) MEANS OF INJURY; and (2) whether ACCIDENTAL	eaths from Violent Causes, state
	13 BIRTHPLACE OF MOTHER (State or country)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, RECENT RESIDENTS)	INSTITUTIONS, TRANSIENTS, OR
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State  Where was disease contracted.	
(1	normant) Mus Charles Fish	if not at place of death?  Former or  usual residence	
	(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	0/- 10	Caft Hron Ca	4-EG-15-, 1915
Fi	ied 727 1914. The Janes	D. G. Makes	ehd.

MARGIN RESERVED FOR BINDING

Department of State—Division of Vital Statistics.  Township Sum Transcript of Certificate of Death—Local Register of Village Chiles.  Registered No. St. Ward)  Personal and Statistical Particulars  Personal and Statistical Particulars  MEDICAL CERTIFICATE OF DEATH  Personal And Statistics.  If HEREBY CERTIFY, That I attended deceased from Statistics.  Transcript of Certificate of Death  Personal And Statistics.  Marking Of Street and number.  Personal And Statistical Particulars  MEDICAL CERTIFICATE OF DEATH  Personal And Statistics.  MEDICAL CERTIFICATE OF DEATH  Personal And Statistics.  MEDICAL CERTIFICATE OF DEATH  Personal And Statistics.  MEDICAL CERTIFICATE OF DEATH  Personal And Statistics.  Persona	PLACE OF DESTH	STATE OF MICHIGAN
TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER OF VILLEY OF OCCUPATION  **FULL NAME Organ Medical Particulars  **FULL NAME Organ Medical Particulars  **FULL NAME Organ Medical Particulars  **SEX **COLON OR RACE **SWILLEY OF SWILLEY OF DEATH  **DATE OF DEATH STORY OF DEATH  **DATE OF DEATH  **DATE OF DEATH  **THEREBY CERTIFYCHE OF DEATH  **THEREBY CERTIFY THAT I STEEDED GEOGRAPH OF DEATH  **THEREBY CERTIFY THAT I STEEDED GEORGE OF DEATH  **THEREBY CERTIFY OF THE SEED OF MY KNOWLEDGE  **THEREBY CERTIFY OF THE SEED OF MY KNOWLEDGE OF SUBJECT	County (1) ash (cuas) Depar	tment of States Division of Vital States
THE REGISTER NO. 10 OCITY  STULL NAME AND STATISTICAL PARTICULARS  PERSONAL ARD STATISTICAL PARTICULARS  SOCIOUPATION  ADATE OF BIRTH  THEREBY CERTIFY, That I steended deceased from the state of the state o	<b>a</b> 1.	( )
City  FULL NAME  PERSONAL ARD STATISTICAL PARTICULARS  PERSONAL ARD STATISTICAL PARTICULARS  SEX  COLOR OR RACE  SUBJECT  SUBJECT	or	T OF CERTIFICATE OF DEATH—LOCAL REGISTER
FULL NAME Organi August Medical Certificate of Death  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  **COLOR ON RACE OF BIRTH  **THE AUGUST OF BIRTH OF BIRTH OF BIRTH OF MARKET MARKET MARKET OF MARKET MAR	•	Pariston 3 vs. 2 g
FULL NAME Organial Supplements of the Color	City	
PERSONAL AND STATISTICAL PARTICULARS  **SEX **COLOR OR RACE **SINGLE, OR DOWNERS ON DOWN		Sty, Ward) [If death occurred a hospital or institution
**SIEX** COLOR OR RACE **SINGLE, WINDOWS, WINDOW	FULL NAME (16 igail	Nighthall give its NAME instend of street and number.
**SAME COLOR ON RACE SMANNING COLOR ON RACE SMANNING COLOR ON DEVENCE ON DEVE		MEDICAL CERTIFICATE OF DEATH
OCCUPATION  (a) Trade, profession or particular Mind of work and of the department of the state of above, at mind that department of the state of above, at mind that department of the state of the sta	MARRIED,	
I HEREBY CERTIFY, That I attended deceased from  (Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  (Mont	Three (1) 4 40 OR DIVORCED	786 24
(Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  II LESS than I day, har day hard alive on AE O 191 shall be stated above, at many that death occurred, on the date stated abov	DATE OF BIRTH	(Month) (Day) (Year
(Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  If LESS than I day, for min.?  COCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  Disparatheace  (State or country)  Disparatheace  (State or country)  The CAUSE OF DEATH * was as follows:  Contributory.  (State or country)  Disparatheace  (State or country)  (State or country)  (Signed) (State or country)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address) (Address)  (Address) (Address)  (Address) (Address)  (Address) (Address) (Address)  (Informant) (Address) (Address)  (Address) (Address) (Address)  (Informant) (Address) (Address) (Address)  (Informant) (Address) (Address) (Address)  (Informant) (Address) (Addres	91 4 312	VISC 1 11 7-1-1
that I last saw h Malive on 15 on 1916  45 yr. O mos. D. ds. or min.?  **OCCUPATION  **OCCUPATION  **OCCUPATION  **OCCUPATION  **(a) Trade, profession or particular kind of werk  (b) General nature of industry, business, or establishment in which employed (or employer)  **DIRTHEHALOE  (State or country)  **In BIRTHEHALOE  (State or country)  **In BIRTHEHACE  (State or country)  **In BIRTHEHACE  OF MOTHER  **In BIRTHEHACE  **In BIRTHEHACE  OF MOTHER  **In BIRTHEHACE  OF MOTHER  **In BIRTHEHACE  OF MOTHER  **In BIRTHEHACE  **In BIRTHEHACE  **In BIRTHEHACE  OF MOTHER  **In BIRTHEHACE  **In BIRTHEHACE  OF MOTHER  **In BIRTHEHACE  OF MOTHER  **In BIRTHEHACE  OF MOTHER  **In BIRTHEHACE  OF MOTHER  **In BIRTHEHACE  **In BIRTHEHACE  **In BIRTHEHACE  OF MOT	(Month) (Day) (Year)	, 1917, to 726 77 , 1915
The CAUSE OF DEATH * was as follows:    Contribution or particular kind of work	7 AGF	
The CAUSE OF DEATH * was as follows:    Contribution or particular kind of work		and that death occurred, on the date stated above, atm
(a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)    Description		The CAUSE OF DEATH * was as follows:
(State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF AATHER (State or country)  12 MAJDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  15 PLACE OF BURIAL OR REMOVAL  (Address)  16 GROWLANT (Duration) / yrs. mos. ds.  (Signed) / s (Duration) / yrs. mos. ds.  (Informant) / s (Duration) / yrs.  (Informant) / s (	(a) Trade, profession or Works with	
### SIRTHPLACE (State or country)    10 NAME OF FATHER	(b) General nature of industry	Carcinona Utana
(State or country)    Contributory	which employed (or employer)	
10 NAME OF PATHER   Olivar Chare   (Secondary)   (Secondary)   (Secondary)   (Secondary)   (Secondary)   (Signed)   (Si	BIRTHPLACE (State or country)	
Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Signed   S	- Mackigan	(Duration) / yrs. e mos. ds.
Signed Si	10 NAME OF FATHER	
(Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (In the of death yrs. mos. ds. State yrs.	" Chase	harden and the second s
(Informant)  (Address)  (Address)  (Informant)  (Informan	OF FATHER Z (State or country)	A STATE OF THE STA
(Informant)  (Address)  (Address)  (Informant)  (Informan	C 12 MAIDEN MAKE	728 27 1015 = (44m)
18 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Informant)  (In	OF MOTHER SCAME & - 1-1	*State the Dispuse Carrier Desire
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Informant)  (Address)  (Informant)  (Inf	13 BIRTHPLACE	The transfer of the state, Suicidal, or Homicidal.
(Informant) 15  (Informant) 15  (Address) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TELEPHONE OF BURIAL DATE	OF MOTHER	
(Informant) 12. Eagh hall if not at place of death?  Former or usual residence  15  Filed 15. 1915. 31. Days are 1915. 30 UNDERTAKER  ADDRESS	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds
(Address) Change Mach Usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  15 Filed 2/67, 1915. January 20 UNDERTAKER ADDRESS	Cm2 J. 281600	Where was disease contracted, if not at place of death?
Filed 2/17, 1915, 3/2 Dance TOUNDERTAKER ADDRESS	(Informant)	
Filed 2/67, 1915, 3/4 Dance 20 UNDERTAKER ADDRESS	(Address) Chels sq Mack	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed ( ) 1915 - De Jane 20 UNDERTAKER ADDRESS	15	QUEU - 2:228
and a second	Filed 2/67 1915 - Dry L. Janes	20
- Carace		a was a last

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

PLACE OF DEATH	STATE OF MICHIGAN ment of StateDivision of Vital Statistics.
County Washington	
Township Sylvan TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
or Ol O	Registered No.
Village or	[If death occurred in
	St.; Ward) a hospital or institution, give its NAME instead
	of street and number.]
FULL NAME China C.	C-00/1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
WIDOWED.	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
24-1838	January, 1915, to March, 1915,
(Month) (Day) (Year)	( die militaria
7 AGE If LESS than	that I last saw h A alive on Manda 12 , 1910,
1 day,hrs.	and that death occurred, on the date stated above, at J. A. m.
yrs. O mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Chrome Myocardity
particular kind of work	The second secon
(b) General nature of industry, business, or establishment in	
which employed (or employer)	1
(State or country)	(Duration) yrs. mos. ds.
10 NAME OF	Contributory Pulmenty Of Same
PATHER GARAGE PIRO	(SECONDARY) (Duration) yrs, mos, ds,
0 11 BIRTHPLACE	(Signed) S. G. Bysh , M. D.
Z (State or country)	and the second of the second
OF ATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	March 13, 191 3 (Address)
of Mother Joseph Metrall.	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
M. H. Work	if not at place of death?
(Informant)	usual residence
(Address) Landa Markey	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 comon many
Filed 3/14 191 GEORGE M SELES	20 UNDERTAKER MADDRESS
REGISTAAR	1 y 1/ apris Curere

MARGIN RESERVED FOR BINDING

STATE OF MICHIGAN  County A literage Department of State-Division of Vital Statistics.		
County of the Co	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village Chulsea	Registered No.	
City (No. St.; Ward)  [If death occurrence a hospital or insgive its NAME of street and number of street and numbe		
FULL NAME MIS Codille	Joines	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Hemale White (Write the word)	Marel 6 (Month) (Day), 19 1	
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
Jest 16 1835	Cloter, 1915 to March 6 1916	
(Month) (Day) (Year)	that I last saw h & alive on March 1915	
7 AGE If LESS than		
5-9 yrs 4 mos 20 ds. Or min.?	and that death occurred, on the date stated above, at	
8 OCCUPATION	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or	Chraner Vontersteal Maphelis	
particular kind of work Afoundation (b) General nature of industry,		
butiness, or establishment in which employed (or employer)		
9 BIRTHPLACE		
(State or country)	(Duration) 3 yrs. 6 mos. ds	
10 NAME OF The	Contributory ( Eduna lungs	
FATHER HOW MAN HOW IT	(SECONDARY)	
O 11 BIRTHPLACE	(Duration) yrs. mos. ds	
C (State or country)	(Signed) , M. D	
I BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (DATE OF MOTHER OT MOTHER OF MOTHER OT	Morey 7, 191 S. (Address) Christian	
of MOTHER Harrest & Communian	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF	
(State or country)	At place In the of death yrs. mos. ds. State yrs. mos. ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
(Informant) Howard S. Halmes	if not at place of death?	
000	usual residence	
(Address) Christa Mach	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
11 11 1	Cass grove Chrises Mach 9 1910	
Filed 4/3 10 YEOM SEIR	20 UNDERTAKER ADDRESS	
REGISTRAN	& tapper son Chulsea	
	1/1	

## WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36—10-10-1000 bkg.-100 pp.

-10-10-1000 bks -100 m

PLACE OF DEATH	STATE OF MICHIGAN
County Washinaw Depart	ment of StateDivision of Vital Statistics.
County	- Imroj
Township Sylvan TRANSCRIP	T OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chulera	Registered No.
or or	[If death occurred in
City Michigan (No.	St.; Ward) a hospital or institution, give its NAME instead
no Aming 1. t.	of street and number.]
FULL NAME MAN CHANGE	in MESSALL
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH
Tremale white (Write the word)	March 26 , 1917 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Nov 28 1840	March 19 1915 to March 24 1915
(Month) (Day) (Year)	that I last saw h & alive on Much 26 1915
7 AGE If LESS than	170
7 1/ 3 28 I day,hrs.	and that death occurred, on the date stated above, atm.
yrs o mos ds or min.?	The CAUSE OF DEATH was as follows:
(a) Trade, profession or	Crombus Knemonia
particular kind of work	The second secon
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country) 12 to L. G. Clarence	(Duration) yrs. mos. ds.
10 NAME OF	Contributory
FATHER SELECTION	(SECONDARY) (Duration) yrs, mos, ds,
O 11 BIRTHPLACE	(Signed) Sep W. Palmers, M. D.
Z (State or country)	In han to Obulation of the
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	(Address)
a of MOTHER Don't Know	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) of armany	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
tohe on arrest	if not at place of death?
(Informant)	usual residence
(Address) & freeless Much	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Wat grove Chelene Mint franch a 1910
4/3 5 4 M Soit	20 UNDERTAKER ADDRESS
Filed 7 1910 REGISTRAR	Slaffer Son Chilere Meel
/	

PLACE OF DEATH	STATE OF MICHIGAN
County Washington Depar	tment of StateDivision of Vital Statistics.
Township fylvan TRANSCRIE	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chulska	
City	Registered No.
FULL NAME Gus a.	Be give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED. MIDOWED.	16 DATE OF DEATH
Walt While (Write the word)	March 28 , 1910
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day), 18 V 9	March 23, 1910, to March 28, 1910
7 AGE (Month) (Day) (Year)	that I last saw hand alive on March 28 1916
yrs. 7 mos. 7 ds. Or min.?	and that death occurred, on the date stated above, at 2 m.
8 OCCUPATION	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Bauff Cashure	Cutt Croupous
(b) General nature of industry, business, or establishment in which employed (or employer) Kanfel Corn Suiz Banks	Doursmie
9 BIRTHPLACE	
(State or country) Magles & gas	(Duration) vrs
10 NAME OF FATHER	Contributory
1) 11 BIRTHPLACE	(SECONDARY) (Duration) yrs. mee
OF FATHER (State or country)  12 MAIDEN NAME  OF MOTHER  OTHER  OF MOTHER  OTHER  OTHER  OTHER  OTHER  OTHER  OTHER  OTHE	(Signed) (Maro) Gulde M. D.
12 MAIDEN NAME OF MOTHER	3/77 1910 (Address) Christa Miels
13 BIRTHPLACE ( Wasbattle Kanonsk	State the Disease Causing Death, or in deaths from Violent Causes, state  (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds.
(Informant) Lamout By Gale	if not at place of death?
1000 210	Former or usual residence
(Address) My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 4/3 1914 G.M. South	20 UNDERTAKER ADDRESS ADDRESS
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1	PLACE OF DEATH STATE OF MICHIGAN		
	County Washington Department of State-Division of Vital Statistics.		
	Township Sylven TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER		
	Village Chelana	Registered No. / 3	
	City	[If death ground to	
	** FULL NAME Ama Henry  2 FULL NAME Ama Henry  2 FULL NAME Ama Henry  3 [If death occurred in a loopital or institution, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Hamula Wheele (Write the word)	16 DATE OF DEATH March 31th 1910-	
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
	(Month) (Day) 1840	Haren 12, 1910, to March 01, 1915	
I	7 AGE (Month) (Day) (Year)	that I last saw h Malive on March 3/ , 1910	
	7 1/ yrs. // mos. / 0 ds. or min.?	and that death occurred, on the date stated above, at 6 13 Pm.	
	8 OCCUPATION	The CAUSE OF DEATH, was as follows:	
	(a) Trade, profession or particular kind of work	- Carre Jakor Carrennens	
	(b) General nature of industry, business, or establishment in which employed (or employer)	11/1/2	
9 BIRTHPLACE (State or country)		- Tommed	
1	10 NAME OF MICH A SMOUTH	(Duration) yrs. mos. ds.	
	FATHER Hounces MC Downish	(SECONDARY) (Duration) Tyrs (2 mos 8	
	ST II BIRTHPLACE OF FATHER (State or country)	(Signed) yrs. Q mos. Q ds.	
	THE MAIDEN NAME OF MOTHER PARKET	(1) Means of Names and (2) who have a deaths from Violent Causes, state	
	13 BIRTHPLACE OF MOTHER	(1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length Of Residence (For Hospitals, Institutions, Transients, or Recent Residence)	
-	(State or country)  * THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place	
	THE ABOVE IS THE BEST OF MY KNOWLEDGE	of death	
	(Informant) / / / / / / / / / / / / / / / / / / /	Former or usual residence	
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
1	De Daniel	If I lived Chilum april 3 1913	
	Filed P. 191 N., REGISTRAN	20 UNDERTAKER ADDRESS ADDRESS	

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

PLACE OF DEATH STATE OF MICHIGAN		
County Washtruaw Department of StateDivision of Vital Statistics.		
Township Transcript of Certificate of Death-Local Register		
Village Chylica	Registered No.	
or	St.: Ward) a hospital or institution,	
City (No.	St.; Ward) a hospital or institution, give its NAME instead of street and number.	
FULL NAME Charlotte S	trwart Pendergast	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1 COLOR OF BACE   5 SINGLE,	15 DATE, OF DEATH	
THE MARRIED, WIDOWED, OR DIVORCED	april 22, 1915	
11 the word) (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH	1	
December 25, 1841	Jan. 2 1915 to Oper 22 1915	
(Month) (Day) (Year)	that I last saw h 11. alive on Chil 27, 1910,	
7 AGE If LESS than I day,	and that death occurred, on the date stated above, at 4 P.m.	
/3 yrs. 3 mos. 2 ds. or min.?	The CAUGE OF DEATH * was as follows:	
S OCCUPATION	Temantia, Paralettica	
(a) Trade, profession or particular kind of work		
(b) General nature of industry, business, or establishment in		
which employed (or employer)		
(State or country) Scotland	(Duration) yrs. mos. ds.	
10 NAME OF FATHER	(SECONDARY)	
Unknown	Duration) yrs. mos. ds.	
U) 11 BIRTHPLACE OF FATHER	(Signed) , M. D.	
Z (State or country) / Minowy	april 23 191 & (Address) Chilera	
1 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  1 MANDEN NAME OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(State or country)	At place In the of death yrs. mos. ds. State yrs. mos. ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
Miss Dumina	if not at place of death?	
(Informant) / (Informant) / (Informant)	usual residence	
(Address) Christa Much	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF BURIAL OF BURIAL	
15 AL A Day Dor	Way Thouse Appared a	
File April 26, 1915. G.M. Srily	DUNDERTAKER WASSES Chrlace	
, призная	N III	

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

PLACE OF DEATH  County Washington STATE OF MICHIGAN  Department of StateDivision of Vital Statistics.	
Township or Village Christa	Registered No.
FULL NAME faurt V	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
Trule White (Write the word)	16 DATE OF DEATH  May  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
January 15, 1847	, 191 , to Upul 28, 1911,
7 AGE (Month) (Day) (Year)	that I last saw h ralive on affail 18, 1915,
68 yrs 4 mos 10 ds or min?	between I and 9 a. m.
8 OCCUPATION	The CAUSE OF DEATH* was as follows:
(a) Trade, profession or particular kind of work	yagaag
(b) General nature of industry, business, or establishment in which employed (or employer)	longered dead or bloom
BIRTHPLACE (State or country) Michegan	(Duration) yrs, mos, ds.
10 NAME OF FATHER Walto Piggo	(SECONDARY) (DURESON) YES, MOS. dt.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  7	(Signed) / W. Sofundt " D. May 27 100) Chelsea Mile
of MOTHER Bythy Warwick	Chate the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Mew York	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
(Informant) Cyrus Whalite	of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or
(Address) Chrlera Miel	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed May 27, 1915 - To Suly	20 UNDERTAKER Malors Chellea
	- V. C. 111-1-1-1

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bks,-100 pp.

	¹PLACE OF DEATH	STATE OF MANAGEMENT	
	County Dashlrnaw STATE OF MICHIGAN Department of StateDivision of Vital Statistics.		
	m		
or Village Christa		1 -1	
	or City	Registered I	Vo. / /
	FULL NAME John	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 DEA	70
	Male white of wide (Write the word)	10 DATE OF DEATH  July	29 , 1915
	July 22 1841	I HEREBY CERTIFY, That I attended	ed deceased from
	AGE (Month) (Day) (Year)	that I last saw h imalive on fully 2	90, 1915
	74 - 7 If LESS than I day, hrs.	and that death occurred, on the date stated a	bove, at \$ . 9 . m.
	S OCCUPATION OF OTTO	The CAUSE OF DEATH * was as follows:	2
	(a) Trade, profession or particular kind of work	Valorea disease	gharit.
	(b) General nature of industry, business, or establishment in which employed (or employer) of teach Engineer R.R.	course Insufficient	7
	BIRTHPLACE (State or country)		
-	10 NAME OF EN of ork	(Duration) yrs,	mos, ds.
	FATHER COMOS CLARA	Contributory(SECONDARY)	
	II BIRTHPLACE OF FATHER (State or country)	(Signed) Jrs.	mos ds.
	12 MAIDEN NAME	July 30, 1918 (Address) Philas	ia M. D
	1 of the Wind alone	*State the Disease Causing Death, or in deaths from V(1) Means of Injury; and (2) whether Accidental, Suicidal, or	TOLENT CAUSES, state
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION RECENT RESIDENTS)	
1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs	mos ds.
1	(Informant) ld go of Staffan	Where was disease contracted, if not at place of death?  Former or	
	(Address) Chrlsua Mich	usual residence	
12		Cal Grove Cheles Ou	9 / IOI J
	Filed 8/2 1910 - 4. M. SEITS	20 UNDERTAKER ADDRESS	and a

orm 30-10-10-1000 bks.-100 pp.

County Washtman Department of StateDivision of Vital Statistics.		
Township or Pulsea or	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. / 8	
FULL NAME William	St.; Ward)  St.; St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White (Write the word)	July 3/, 1915.  (Nonth). (Day) (Year)	
DATE OF BIRTH	I HEREBY CERTIFY That I attended deceased from	
(Month) (Day) (Year)	June 6, 1910, to fully 3/ 1910	
7 AGE If LESS than	that I last saw harm alive on	
6 3 yrs 7 mos /5 ds or min.?	and that death occurred, on the date stated above, at	
* OCCUPATION	The CAUSE OF BEATH Was as follows:	
(a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Angina Pictoris	
State or country) Williams	(Duration) yrs. mos. ds.	
10 NAME OF PATHER DAS ALLES DESIGNATION	Contributory (SECONDARY) (Duration) / yrs. , mos. ds.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	aug 1 1915 (Address) Philora Mich	
of MOTHER EN COLOR	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Marks of Indust; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)  Mrw Mous	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doath?	
(Informant) Mrs W. J. Denman	Former or usual residence	
(Address) Christa M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ON 19 N	
Filed 8/4, 1915-ls. M. Saits	La. Mapus Chelsea	

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11

PLACE OF DEATH	STATE OF MICHIGAN	
County Washtnaw Department of State-Division of Vital Statistics.		
Township TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
Village Chrlora	Registered No. 19	
City (No.	St.; Ward)  St.; Ward)  St.; Ward)  Gif death occurred in a hospital or institution, give its NAME instead of street and number.]	
FULL NAME	1 Trows	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
JH Emih White (Write the word)	Cuguet 2/, 1910	
August 22, 1835- (Month) (Day) (Year)	J HEREBY CHRTIFY, That I attended deceased from	
7 9 yrs // mos 29 ds. Or min.?	and that death occurred, on the date stated above, at 6 A. m.	
8 OCCUPATION (a) Trade, profession or particular kind of work    Fousier	The CAUSE OF DEATH * was as follows:  Mital Sugary italian	
(b) General nature of industry, business, or establishment in which employed (or employer)		
(State or country) ( naland	(Duration) ys. mos. ds.	
10 NAME OF FATHER ) MIN CWOY	(SECONDARY) (Duration) VILL most de	
UN 11 BIRTHPLACE OF FATHER (State or country) W (St	(Signed) S. Buoli M. D. Aug 12, 131 (Address) Christa	
a Unilown	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the	
(Informant) of Essive 1 3 www	of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death? Former or	
(Address Chulsea Mich	USUAL residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed 8/ 14, 1915 4 m. Sity	20 UNDESTAKER Makers Chelsen	

County Dashtuau Department of StateDivision of Vital Statistics.		
TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Township or Village Ohrliga	Registered No. 20	
11	St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]	
FULL NAME VA C.	Mordiel	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Hemale White Single.  Marrier on Divonce on	Supt 28, 1915	
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from	
May 16 1882	Sypt 25, 1910, to fift 28, 1910	
(Month) (Day) (Year)	that I last saw here alive on Supt 28 1915	
7 AGE If LESS than I day,	and that death occurred, on the date stated above, at//-20, m	
3.3 yrs. 4 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:	
S OCCUPATION	Caulprenion of the Brain	
(a) Trade, profession or particular kind of work / fousquerfy	Struct by gasoling inspartion	
(b) General nature of industry.  Dustiness, or establishment in which employed (or employer)	P. T. M. P. P. P. C.	
9 BIRTHPLACE (State or country)	(Duration) yrs. most ds	
Michigan	Contributory	
10 NAME OF FATHER SUA CALLA SALL SALL SALE	(SECONDARY) (Duration), VIS. mos. 3 ds	
o) 11 BIRTHPLACE	(Signed) andres Gulder M. D.	
State or country) Michigan	1 ht2. 10 (10. las mil	
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  M. AM / AST CLARY	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS)	
(State or country) Michigan	At place of death yrs, mos, ds. 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) Mrs a.y. Haist	Former or usual residence	
O he long mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address)	Vals Strove fot 1 1911	
Filed/9/1/13 191 V. G. M. Seitz	30 UNDERTAKER ADDRESS Chalaga	

	PLACE OF DEATH STATE OF MICHIGAN		
County	County Walltuaw Department of StateDivision of Vital Statistics.		
Towns or Village	O ha la la	Registered No. 2	
or			
	FULL NAME Marry 13 actures		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Hu	Male White of Divorces (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)	
6 DATE (	DF BIRTH	I HEREBY CERTIFY, That I attended deceased from	
7 AGE	(Month) (Day) (Year)	that I last saw her alive on QC 7 , 1916 ,	
1 702	/ / I day,hrs.	and that death occurred, on the date stated above, at m.	
8 occur	0 6 yrs mos ds or min.?	The CAUSE OF DEATH * was as follows:	
		Carola Spoperge	
(a) Trade, profession or fourthwest (b) General nature of industry, business, or establishment in which employed (or employer)			
9 BIRTHE (State o	PLACE pr country) Pane.	(Duration) yrs mos ds.	
	PATHER DED Hoffman	(SECONDARY) (Duration)	
II F	OF FATHER (State or country) Sermany.	(Signed) Color (Address) Chrisce M. D.	
A _	OF MOTHER Cliga Martin	*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	
	OF MOTHER (State or country)	RECENT RESIDENTS)  At place In the of death yrs, mos, ds. 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?	
(Inform	mant)	usual residence	
15 (A	Address) Chulsta Mille	Mt olwet Cay, Chelse Cet 10, 1914	
Filed	10/9 1918 SED M. DEUS	SEO Staffan Chelses Mil	

PLACE OF DEATH STATE OF MICHIGAN		
County Washing Department of State-Division of Vital Statistics.		
Township TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
Village Chelsea	Registered No. 22	
City (No.	St.; Ward)  Flint bunkt  St.; Ward)  Flint bunkt  Gif death occurred in a hospital or institution give its NAME instead of street and number.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White (Write the word)	16 DATE OF DEATH  October 20, 198  (Month) (Day) (Year	
Cugust (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from	
7 AGE  18 yrs 2 mos 22 ds.  19 LESS than I day, hrs.  Or min.?	and that death occurred, on the date stated above, at 2 m	
(a) Trade, profession or Paline families  (a) Trade, profession or particular kind of work  (b) Paline families	Chronic Valvular wesning	
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Oldanie of lungo	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) S. S. TZush M. D. Address) Phulma	
of MOTHER Unknown	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)  J MKNOWY	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the	
(Informant) Mrs C, Fuy Seiner	of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, if not at place of death?  Former or usual residence	
(Address) Christa Muli.	Date of Burial or REMOVAL DATE OF BURIAL OF 1910	
Filed / 29 , 1910 T. M. D. ELST REGISTRAR	of a majors Christa	

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bks,-100 pp.

STATE OF MICHIGAN  County //) as lituar Department of StateDivision of Vital Statistics.		
Committee		
Township Office TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village Chullice	Registered No. 23	
City (No.	Mard) a hospital or institution,	
FULL NAME Coralina	Marrowy, give its NAME instead of street and number.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female White (Write the word)	Sept 2 191 - (Month) (Day) (Year)	
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from	
March 2 1834	Jefat 1, 1910, to Stefat, 12, 1910,	
(Month) (Day) (Year)	that I last saw h & alive on Sight /2 , 1915,	
8/ yrs 6 mos 0 ds. or min.?	and that death occurred, on the date stated above, at 7.9 m.  The CAUSE OF DEATH * was as follows:	
8 OCCUPATION	Fracture of belt his	
(a) Trade, profession or fraskwift		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(State or country)	(Duration) yrs, mos, ds.	
10 NAME OF Johnan Eulus	(SECONDARY) (Duration) yrs. mos. ds.	
OF PATHER (State or country)  12 MAIDEN NAME OF MOTHER (MAI)	Sept 14 1005 and Christa Will	
of Mother Marin	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
(Informant) Two Po Staffair	if not at place of death?  Former or usual residence	
(Address) Chrlora Mich	19 PLACE OF BURIAL OR REMOVABLELLE DATE OF BURIAL	
Filed 11/4 1915 931 SEETS	20 UNDERTAKER  THE STATE OF THE	
REGISTRAR	ram outer	

(1) AL Departm	STATE OF MICHIGAN ment of StateDivision of Vital Statistics.	
County Nathuaw	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Township or Village Chrlpra	Registered No	
City (No.	9	[If death occurred in hospital or institution, ive its NAME instead f street and number.]
FULL NAME Olara Bu		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
SEX COLOR OR RACE SINGLE. MARRIED. Widow WIDOWED. Widow OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	Movember (Month)	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended	deceased from
January 6 \$50	May , 1914, to MM	12, 1910
(Month) (Day) (Year)	that I lest saw her alive on Mov	/2 191d
7 AGE / If LESS than I day,	and that death occurred, on the date stated al	1
65 yrs 10 mos ds, or min.?	The CAUSE OF DEATH * was as follows:	
8 OCCUPATION	acute dilatation of heart	
(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)	(Duration) vrs.	mos ds
Michigan	Oliver 10 - M	detin
10 NAME OF FATHER C / / S	(SECONDARY)	
11 BIRTHPLACE	l et T3 4 4 h	mos, ds.
OF FATHER Z (State or country)	May 17- 1- Replace	, M. D
E 12 MAIDEN NAME	1 1918 (Address) Christian	V G
a OF MOTHER adrlia Bird	*State the Disease Causing Death, or in deaths from (1) Means of Injury; and (2) whether Accidental, Suicidal,	or Homicidal.
13 BIRTHPLACE OF MOTHER  M. M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION RECENT RESIDENTS)	ONS, TRANSIENTS, OF
(State or country) // Ew yau	At place of death yrs. mos. ds. 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) Or S. G. 13ush	Former or usual residence	
Ohrlsen	19 PLACE OF BURIAL OR REMOVAL DATE O	F BURIAL
(Address)	Warren Whis Mo	0 /5 , 1915
Filed MOD 15- 1915 G. M. Sity	J. C. Malson Of	luler

PLACE OF DEATH STATE OF MICHIGAN		
County Washtnaw Department of State-Division of Vital Statistics.		
Township TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
Village Chrlsva	Régistered No. 2 5	
City (No.	St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  If death occurred in a hospital or institution, give its NAME instead of street and number.]	
FULL NAME Finary P. Buss.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White (Write the word)	Movember 5-, 1915- (Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
Frequery 24, 1880	200 3 , 1915, to 200, 5-, 1915,	
7 AGE (Year)	that I last saw have alive on Hov. J-, 191 J,	
3.J- vrs. 8 mos. // ds. or min.?	and that death occurred, on the date stated above, at // P. m.	
	The CAUSE OF DEATH * was as follows:	
8 OCCUPATION  (a) Trade, profession or profession or satisficiate bind of work	asutu Myalitis	
particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (State or country) Michigan	(Duration) yrs, mos, ds.	
10 NAME OF FATHER 1010011	(Secondary) (Duration) yrs, mos, ds,	
O 11 BIRTHPLACE	(Siened) S. lg. Bush M. D.	
I BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	Mov 8, 1918 - (Address) @ helses	
12 MAIDEN NAME OF MOTHER  AM CHOWN	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)  UNUCUOUN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,	
Mrs F. P Buss	if not at place of death?	
(Address) Phelsea Mich.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) \ 15	Oals Grove 700 8 1915	
	20 UNDERTAKER ADDRESS	
Filed Mro 15, 1915 S.M. S. W. BERTSTRAN	S.a. Mapus Chilsen	

MARGIN RESERVED FOR BINDING

'PLACE OF DEATH STATE OF MICHIGAN		
County Washingu Department of StateDivision of Vital Statistics.		
Township or // / /	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
village Chrlsra	Registered No. 26	
ALAMANA AND TO THE RESERVE OF THE PARTY OF T	St.; Ward) [If death occurred in a hospital or institution,	
	give its NAME instead of street and number.	
FULL NAME / 3 aby / Srowy		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SINGLE,	16 DATE OF DEATH	
THE WIDOWED, OR DIVORCED	100 25 100	
Finale While (Write the word)	(Month) (Day) (Year)	
ODATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
Nov 25 815	, 191 , to, 191,	
(Month) (Day) (Year)		
7 AGE If LESS than	that I last saw h alive on 191 ,	
1 day, 19 hrs.	and that death occurred, on the date stated above, at	
yrs,ds, <u>or</u> min.?	The CAUSE OF DEATH * was as follows:	
OCCUPATION (a) Trade profession or	Promoture intent	
(a) Trade, profession or particular kind of work		
(b) General nature of industry, business, or establishment in		
business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country)	-	
Mielugan	(Duration) yrs, mos, ds.	
10 NAME OF	Contributory	
FATHER CO SUSTEM BY MUTH	(SECONDARY)	
() 11 BIRTHPLACE		
Z (State or country) Wield, 9 and	(Signed) , M. D.	
Shirthplace of Father (State or country)  12 MaiDen Name of Mother  Michigan  14 MaiDen Name of Mother  Michigan	Moo 28, 1918 (Address) Chilsea	
a OF MOTHER Mary Brayton	*State the Disease Causing Death, or in deaths from Violent Causes, state  (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(State or country)	At place in the of death yrs, mos, ds. State yrs, mos, ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
46-8	if not at place of death?	
(Informant)	usual residence	
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16	Walx 60007 10027 1010	
Mond - Com Veite	20 UNDERTAKER ADDRESS	
Filed 1910, 1910, Filed Begistran	S.a. M. Lour Obelona	
and the second s	July Marco Grand	

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bkn.-100 pp.

PLACE OF DEATH	STATE OF MICHIGAN	
County Washtnaw Depar	rtment of StateDivision of Vital Statistics.	
Township TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
village Chalsaa	Registered No. 27	
City (No.	St.; Ward) [If death occurred in a hospital or institution,	
FULL NAME Christina Butter give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Figure White (Write the word)	16 DATE OF DEATH DEC 6 , 1914	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
January 10, 1/8 49	Tec/, 1918, to Dec 6 1918-	
7 AGE (Month) (Day) (Year)	that I last saw hw alive on Dec 6 1915	
66 10 n 6 1 day, hrs.		
8 OCCUPATION ds. Or min.?	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work / Louse wife	Broncho Prammonto	
(b) General nature of industry, business, or establishment in which employed (or employer)	- The state of the	
9 BIRTHPLACE	States Aller	
(State or country) Michig an	(Duration) yrs. mos, ds.	
10 NAME OF FATHER ( Y 4 0 1 . 14	Contributory (SECONDARY)	
11 BIRTHPLACE LINE SCHMEDT	(Duration) yrs. 7 mos. ds.	
OF FATHER (State or country) of trumany.	(Signed) . M. D.	
12 MAIDEN NAME OF MOTHER	Dec 9, 1916 (Address) Ohrlare	
13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(State or country) Work (WWW)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At piace In the of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted,	
(Informant) & dwin Butles.	Vinere was gisease contracted, if not at place of death?  Former or	
Olahan.	usual residence	
(Address) Lawrence	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed Dec 11 1915, G. M. Site	20 UNDERFAKER ADDRESS O	
, ,,,,	ALC MILLS AND	

TOWNSHIP  TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL RECISTER  Registered No. 1  St; Ward shearing lifesth occurred in feath course of the cours	PLACE OF DEATH STATE OF MICHIGAN  County Washtraw Department of State-Division of Vital Statistics.	
St; Ward a basket or institution of street and number; of street a	Township or Ohulka Registered No. 28	
**SEX **COLOR OR RACE **SINGLE.** MARRIED.**	City (No.	St.; Ward) a hospital or institution, give its NAME instead
Minish White words on the winds on covered on the winds on covered on considerate of the territory of the be well of the territory of the best of the territory of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OATE OF BIRTH  Oct 3, 1967  (Month) (Day) (Year)  II LESS than 1 day, hard and that death occurred, on the date stated above, at III	The ile (1) letter on Divorced	DEC 2 , 1910
TAGE  If LESS than I day, hr. and that death occurred, on the date stated above, at I many and	Oet 3 1867	Nov 12, 1915 to Dec 2, 1915
COCUPATION  (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)  11 BIRTHPLACE  OF FATHER  THE STATE  (State or COUNTRY)  12 MAIDEN NAME  OF FATHER  (State or COUNTRY)  13 BIRTHPLACE  OF MOTHER  (State or COUNTRY)  14 MAIDEN NAME  OF MOTHER  (State or COUNTRY)  15 BIRTHPLACE  OF MOTHER  (State or COUNTRY)  16 MANDE OF MOTHER  (State or COUNTRY)  17 THE ABOVE IS TIBLE TO THE BEST OF MY, KNOWLEDGE  (Informant)  (Address)  Chalana Maiden  (Address)  10 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Vault Chalana Michigan  DATE OF BURIAL  VALLE CHALANA MICHIGAN  DATE OF BURIAL  VALLE CHALANA  DATE OF BURIAL  VALLE CHALANA  DATE OF BURIAL  VALLE	7 AGE If LESS than I day,	and that death occurred, on the date stated above, at // P m.
## BIRTHPLACE (State or country)    Direction	(a) Trade, profession or particular kind of work  (b) General nature of industry.	Multiple Weunitis
Contributory  SECONDARY  DEFINITION  13 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER OF MOTHER SIGNED  13 BIRTHPLACE OF MOTHER OF MOTHER SIGNED  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Contributory (SECONDARY)  (Signed)  Signed)  Signed  Signed  (Signed)  Signed  Signe	9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  19 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL OR REMOVAL  11 PLACE OF BURIAL OR REMOVAL  12 PLACE OF BURIAL OR REMOVAL  13 BIRTHPLACE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  11 PLACE OF BURIAL  12 PLACE OF BURIAL  13 PLACE OF BURIAL  14 PLACE OF BURIAL  15 PLACE OF BURIAL  16 PLACE OF BURIAL  17 PLACE OF BURIAL  18 PLACE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  14 PLACE OF BURIAL  15 PLACE OF BURIAL  16 PLACE OF BURIAL  17 PLACE OF BURIAL  18 PLACE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  10 PLACE OF BURIAL  15 PLACE OF BURIAL  16 PLACE OF BURIAL  17 PLACE OF BURIAL  18 PLACE OF BURIAL  18 PLACE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  10	10 NAME OF John Hag	(SECONDARY) (Duration)  (Signed)  (Signed)  (Duration)  (Duration)
OF MOTHER (State or country)  If the Above is true to the BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  Chelera Mail  Address)  PRECENT 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  19 PLACE OF BURIAL OR REMOVAL  Date OF BURIAL  Date	- Maryou grayer	(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
(Informant) PED: I Plass are usual residence usual residence usual residence usual residence Usual OR REMOVAL DATE OF BURIAL D	(State or country) If trusauf.	RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted,
(Address) Cault Christe Mich Dec 4 10N	(Informant) I ED. 1. Stuffan	Former or usual residence
Filed Dec 11 1915 Maria DIND 14 11 CO. C. DA	16 To Or by fit	Vault Christe Mich Dec 4 19N

PLACE OF DEATH	STATE OF MICHIGAN	
County Washtnam Depart	ment of StateDivision of Vital Statis	tics.
Township TRANSCRIP or Village Chrlana	T OF CERTIFICATE OF DEATH—LOCAL R	ered No. 29
City (No	Trouten st; w	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	F DEATH
Male white Single, Married, Milowec, Merried on Divorces (Write the word)	16 DATE OF DEATH  (Month)	7 191J - (Year)
Date of BIRTH Dec 20 1/834	I HEREBY CERTIFY, That I	
(Month) (Day) (Year)  7 AGE  60  9 mos. 7 ds. 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) which employed (or employ		stated above, at J.P. m.
(State or country) Wieligan		yrs mos ds.
11 BIRTHPLACE OF FATHER (State or extintry)  12 MAIDEN NAME OF MOTHER Wayvit Town Mount of Mother Mayvit	(Signed) A. D. Withwell for the Disease Causing Death, or in dea (1) Means of Injury; and (2) whether Accidental,	yrs. mos. ds.  patear acting p  Cause willely  the from Violent Causes, state
13 BIRTHPLACE OF MOTHER (State or country) Arrland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Pickard Trouter	15 LENGTH OF RESIDENCE (FOR HOSPITALS, RECENT RESIDENS)  At place of death yrs, mos, ds. State —  Where was disease contracted, if not at place of death?  Former or usual residence	
(Address) Qhulara Miels	Out yrove Cur	DATE OF BURIAL DUC 10 1918
Filed Dec 11, 1915, G. M. Sritz	20 UNDERTAKER Staff an	Chrlson

PLACE OF DEATH STATE OF MICHIGAN	
County Washtwaw Department of StateDivision of Vital Statistics.	
Township TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
or Olylson	Registered No
Village or	[If death occurred in
City (No.	St.; Ward) a hospital or institution, give its NAME instead
( ) 1 m	Jogal of street and number.
FULL NAME East /// and	7 007 00
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH
Travila White WIDOWED. Married	(Month) (Day) (Year)
(Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	June 1915, to Dec 17, 1915,
July 10, 1874	
(Month) (Day) (Year)	that I last saw h L. alive on O CC 17, 1911,
7 AGE If LESS than I day,hrs.	and that death occurred, on the date stated above, at // m.
4/ yrs. J mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Maligant Endocurditis
(a) Trade, profession or particular kind of work	
(b) General nature of industry,	V
business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) yrs, mos, ds.
Michigan	Q.7 's I well at makes
10 NAME OF O A A ST	(SECONDARY)
FATHER Charles M Davis	Q (Duration) yrs. mos. as.
() 11 BIRTHPLACE OF FATHER	(Signed) M. D.
Z (State or country) Michigan	# CC 22, 1915 (Address) ( Licence)
D FATHER (State or country)  L 2 (State or country)  M sclug en  12 MAIDEN NAME OF MOTHER MM  14 OF MOTHER MM	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Musera pisas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
OF MOTHER (State or country)	RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
na la ha	if not at place of death?
(Informant) Mar & . S. Majoro	Former or usual residence
Q. Sox lox of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Od (grove Dec 20, 191)
	20 UNDERTAKER
Filed N CC 30, 1915, 9 M. D ENSTRAR	S.a. m Asis Chilera

PLACE OF DEATH STATE OF MICHIGAN  County Washtnaw Department of StateDivision of Vital Statistics.		
	FETAL 35 AREAD STATES OF THE PARTY	
T	or O A	T OF CERTIFICATE OF DEATH—LOCAL REGISTER
V	illage Chulsus	Registered No. 31
C		St.; Ward) a hospital or institution,
ward) a nospital some		outaque Fackson
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8	Timila White Single, MARRIED, WIDOWED. Widow OR Divorced (Write the word)	16 DATE OF DEATH DEC 3-9 , 1914
6 0	ATE OF BIRTH	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	aug 22 1/3	
1	(Youth) (Day) (Year)	
7 A	GE If LESS than	that I last saw h alive on 191
	72 yrs. 4 mos. 7 ds. or min.?	and that death occurred, on the date stated above, at m.
1	CCUPATION	The CAUSE OF DEATH * was as follows:
P	1) Trade, profession or / Truse wift	Clocking taught for from
b	s) General nature of industry, siness, or establishment in	Ceal slove inflicting burns
W	hich employed (or employer) 422 House	Causing deeth ?
	RTHPLACE state or country)  Muligur	accidental (Duration) yrs. mos. ds.
	10 NAME OF FATHER	Contributory(SECONDARY)
10	11 BIRTHPLACE Mouleyur	(Duration) yrs. mos. ds.
ARENTS	OF FATHER (State or country) & relained	Signed May 1914 (Address) acting comorting
PAF	of MOTHER Underway	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted,
	Mrs C. Hasalschwaath	if not at place of death?
(	Olyland the	usual residence
15	(Address) Laure Misse	MI DI A A O DE STATE OF BURIAL
	iled Du 3/ 1915 - 9 M. Seitz	20 UNDERTAKER Stall and Chales AND al.
		- The state of the

PLACE OF DEATH	STATE OF MICHIGAN
County (1) ashturaw Departm	nent of StateDivision of Vital Statistics.
TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township or Olyklana	Registered No.
Village or	St.: Ward) a hospital or institution.
City (No.	St.; Ward give its NAME instead of street and number.]
FULL NAME & llu	Dru
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE.  MARRIED.  WIDOWED. WIDOWED.  OR DIVORCED	10 DATE OF DEATH  January  (Month)  (Day)  (Year)
(Write the word)	I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH ( 1831	Dec 2 6, 1910, to Jan / 1916
(Month) (Day) (Year)	that I last saw h to alive on Jan 1916.
7 AGE If LESS than	a that death occurred on the date stated above, at % / m
H yrs J mos O ds or min?	The CAUSE OF DEATH * was as follows:
S OCCUPATION MAD (	Bronchial Promunica
(a) Trade, profession or Munifur (1) Tout	
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) yrs. mos, di
Milligan	Contributory
10 NAME OF FATHER	(SECONDARY) (Duration) yrs. mos. di
IN 11 BIRTHPLACE	(Signed) Sy, 12ush M. C.
Z (State or country) Way CHOWN	- (Address)
U BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER	*State the Dibease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country)	At place of death yrs mos ds. 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?
Miss Dunning	Former or usual residence
(Informant) O belove Omich	10 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL OR REMOVAL  11 Jan 3 1915
(Address)	29 UNDERTAKER ADDRESS
Filed Jam 3 1916. J. M. Oug	. J.a. mapers Chulsua

Form 36-10-10-1000 bks,-100 pp.

PLACE OF DEATH	STATE OF MICHIGAN
County Washlusw Depart	ment of StateDivision of Vital Statistics.
TRANSCRIP	T OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township	4 10
Village Ohrlsea	Registered No.
Or (No.	[If death occurred in
FULL NAME GINERICA &	Chaible  St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Married, Wilsonge, Married (Write the word)	January 12, 1916  Aponth) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased from
March 31 1841	January 6, 1916, to January 12, 1916,
(Month) (Day) (Year)	that I last saw h wa alive on / January /2, 1916,
7 AGE If LESS than	and that death occurred, on the date stated above, at SP. m.
7 4 yrs 9 mos // ds. or min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	0 , 0
(a) Trade, profession or PEtierd Frances	Croupor Pnoumonia
particular kind of work	
business, or establishment in	
which employed (or employer)	
9 BIRTHPLACE (State or country)  Muchigan	(Duration) yrs. mos ds.
10 NAME OF	Contributory
FATHER Watthrw Schaeble	(SECONDARY) (Duration)
	(Signed) J. W. Palure M. D.
CF FATHER (State or country)	(Signed), m. b
w Mentary	Jan 16 , 1916 (Address) Christian
12 MAIDEN NAME OF MOTHER UNICOUN	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) UNUCLOSE  13 BIRTHPLACE OF MOTHER  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.
	Where was disease contracted, if not at place of death?
(Informant) Mrs. Firedries Selicible	Former or
$\Omega$	usual residence
(Address) Christa Mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Das Grove jan 191.9
Filed Jan 17, 1916, G.M. Sets	20 UNDERTAKER WADDRESS Charlesa
REGISTRAR	of S.a. Magers Carrier
	4

Jan 27, 196e ADDRESS Chelsea

PLACE OF DEATH	STATE OF MICHIGAN
County Washtnaw Departm	ent of StateDivision of Vital Statistics.
TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township or Rulsea	Registered No. 3
or	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME & lizabeth	Gathrit of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, Light  A coult white (Write the worth)	January 24, 1916 (Mogh) (Day) (Year
DATE OF BIRTH  Securary 1 , 1845	I HEREBY CERTIFY, That I attended deceased from
7 AGE  (Month) (Day) (Year)  If LESS than I day, hrs. or min.?	and that death occurred, on the date stated zbove, at
S OCCUPATION  (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows;  Bucho Parining
(b) General nature of industry, business, or establishment in which employed (or employer)	
(State or country) Michegan	Contributory yrs. mos.
10 NAME OF Jahr Guthrix	(SECONDARY)  (SECONDARY)  (Duration)  yrs. mos.
of FATHER (State or country) Areland	Jan 15, 1916 (Address) C Aularia M.
12 MAIDEN NAME OF MOTHER Elizabeth Jogan	*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,
13 BIRTHPLACE OF MOTHER (State or country) Leotland	RECENT RESIDENIS) At place of death yrs mos ds. State yrs mos
Albert Is uthree	Where was disease contracted, if not at place of death?  Former or  usual residence
(Address) Chelsea mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jan 27, 194
Filed Jam 26, 1916, Is M. Luty	San Majors Chelsen

PLACE OF DEATH STATE OF MICHIGAN		
County Washtnaw Department of StateDivision of Vital Statistics.		
Township TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
village Chilora	Registered No.	
City (No St.; Ward) a hospital or institution		
FULL NAME & mily Boynton give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Finale White Single, Midow on Divorced (Write the word)	THE Court 10, 1916  (Monthly (Day) (Year)	
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	Oct / 1915, to HEB 9 1916,	
7 AGE If LESS than	that I last saw h W alive on HUT 9, 1916,	
72 yrs 5 mos 20 ds or min.?	and that death occurred, on the date stated above, at 9.4. m.	
8 OCCUPATION	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work	Valunce derese of hart	
(b) General nature of industry, business, or establishment in which employed (or employer)	antic Slavosis	
9 BIRTHPLACE (State or country)	78.2 TRA	
10 NAME OF Michigan	(Duration) yrs. mos. ds.	
PATHER OFFICE STORES	(SECONDARY) (Duration) vrs. mos. dt	
U) 11 BIRTHPLACE OF FATHER (State or country) Way Man 14	(Signed) M. W. Palmer, M. D.	
LI 12 MAIDEN NAME	Hat 11, 1916 (Address) Chulsea my	
a Comely yorton	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs, mos, ds, State yrs, mos, ds,	
Troud Stores	Where was disease contracted, if not at place of death?	
O. C. C. T. T. C.	usual residence	
(Address) Chille Mill	DATE OF BURIAL OR REMOVAL DATE OF BURIAL HUG 12 1916	
FILM TILB 15 1016 S. M. Srits	20 UNDERTAKER ADDRESS	
Filed 1919 BEGINTAR	S. a. Mapier Chelsee	

	STATE OF MICHIGAN
County Washtnaw Departm	ent of StateDivision of Vital Statistics.
	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township	
Village Chalska	Registered No.
or (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
11	of street and number.
FULL NAME IT wary C.	Simpson
	MEDICAL CERTIFICATE OF REATH
PERSONAL AND STATISTICAL PARTICULARS	WEDICAL CERTIFICATE OF BEATT
Melt. White the word)	Month) A (Day) (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That Lattended deceased from
1/21/100000000	Fat 26, 1916, to 191
(Month) (Day) (Year)	that I last saw h alive on 191
7 AGE If LESS than	and that death occurred, on the date stated above, at 9 14m.
about 67 yrs. mos. ds. or min?	
S OCCUPATION	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	11-01 0 410
particular kind of work  (b) General nature of industry,	Killed by Cars
business, or establishment in which employed (or employer)	/
BIRTHPLACE	
(State or country) New Yark	(Duration) yrs. mos. ds
10 NAME OF	(SECONDARY)
FATHER WILLIAM	(Duratjon) yrs. mos. ds
O 11 BIRTHPLACE	(Signed) fary f. Will Carous M. D
State or country) Unulmowy	(Address) Whilste M.
State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
- Magazin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF
18 BIRTHPLACE OF MOTHER (State or country) UMCHUNCH	RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
"M 6 00.	if not at place of death?
(Informant) III a Colles	Former or usual residence
Chriser	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	ann aron muy , 1916
Made to lim lite	20 UNDERPAKER MADES Ofulsus
Filed 1 1919, PEGISTRAR	D.a. Majors opreside

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bks,-100 pp.

1PLACE OF DEATH	STATE OF MICHIGAN
County Washtuaw Depar	STATE OF MICHICAN tment of StateDivision of Vital Statistics.
Township	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Christa	Registered No
City	[If death occurred in
FULL NAME Charles	Eugene Paul  St.; Ward)  a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	To DATE OF DEATH HE Surry 26 1916
6 DATE OF SIRTH	I HEREBY CERTIFY, That I attended deceased from
May 28 1869	Fib 10, 1916, to File 25, 1916
7 AGE (Month) (Day) (Year)	that I last saw hamalive on FEB 25 1916
46 & 2 d   1 dzy,	and that death occurred, on the date stated above, at / Q.m.
8 OCCUPATION Mos. Ads. Or min.?	The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work	Sortic Valunder disease.
(b) General nature of industry, business, or establishment in which employed (or employer)	of heart
9 BIRTHPLACE (State or country)	
- Michigan	(Duration) yrs, mos, ds,
10 NAME OF FATHER U) IL.	Contributory (SECONDARY)
Of FATHER (State or country)	(Signed) Jew W Palmer M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	TEG 28, 191 6 (Address) Chelsen M.
13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
(State or country) Michigan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
(Informant) Mrs Chas Vaul	if not at place of death?  Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Maria. 1 Or alling.	Wall Grove FE628, 1016
ARGISTAR	S. a. Majoro Chalata.

PLACE OF DEATH STATE OF MICHIGAN		
	ent of StateDivision of Vital Statistics	s.
County Washington	OF CERTIFICATE OF DEATH—LOCAL REG	STER
Township		7
or Olyles	Registere	d No
Village C NACO	T. Was	[If death occurred in a hospital or institution.
City(No	St.;Wai	give its NAME instead of street and number.
1.1.1	1 9 canda	Of street and manners
FULL NAME / FILEW MA	y fully	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
5 SINGLE.	16 DATE OF DEATH	
SEX COLOR OR RACE	Hebung	27 , 1916
Totale white (Write the word)	(Mynth)	(Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I at	tended deceased from
December 9 1915	Trebuary 27, 1916, to May	Juay 27, 1916,
(Month) (Day) (Year)	that I last saw h W alive on 77 4 B	27 1916
(Month)	that I last saw in www anve on	ted above at 8 C, m
7 AGE 1 day, hrs.	and that death occurred, on the date sta	iteu above, ay
yrs. 2 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as foll	ows: .
8 OCCUPATION	Thouchal Porce	noma
(a) Trade, profession or particular kind of work		
(b) General nature of industry,		***************************************
business, or establishment in which employed (or employer)		······································
9 BIRTHPLACE	(Duration)	yrs, mos, ds.
(State or country)		
10 NAME OF	Contributory(SECONDARY)	The state of the s
FATHER albert Luc Surstant	(Duration)	yrs. mos, ds.
11 BIRTHPLACE	(Signed)	, M. D.
Z (State or country) France	7 66 /28 191 6 (Address) UB	ulsea
State or country) Finance    State or country   Finance   State or country   Finance   Maiden Name   OF MOTHER   Finance   State or country   Standard   S	Down or in deat	hs from VIOLENT CAUSES, state
a OF MOTHER Francis stancal	(1) MEANS OF INJURY; and (2) Whether Accidental,	Oleiban, et ale
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIERTS, OF
OF MOTHER (State or country) Pushia	At place of death yrs. mos. ds. State	yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
011 -1 4	if not at place of death?	
(Informant) albert Jucquisty	usual residence	or suppl
Olyloge m.	19 PLACE OF BURIAL OR REMOVAL	FILE 21 1916
(Address)	Chelsen	
" and let	20 UNDERTAKER	ADDRESS DA
Filed Man 2 1916 The REGISTAR	Sa. Mapus	Chelsea

WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bks.-100 pp.

	PLACE OF DEATH	STATE OF MICHIGAN
	County Washtuaro Depar	tment of StateDivision of Vital Statistics.
	Township	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER
	Village Chulsta	Registered No
	City (No.	[If death accuracy in
	FULL NAME Sylvistre	St.; Ward)    Ward   Wa
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male white Single, MARRIED, WIDOWED adow	16 DATE OF DEATH PRAY 16
	DATE OF BIRTH	(Month) (Day) (Year)
	HEb 28,1820	HEAD 13, 1916, to TES 16
	7 AGE (Month) (Day) (Year)  If LESS than	that I last saw hardalive on FUV 16 1916
	95 - yrs. // mos. /8 ds. or min.?	and that death occurred, on the date stated above, at HP. m.
	S OCCUPATION	The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work	Broncho promina
	(b) General nature of industry, business, or establishment in which employed (or employer). Petersed Ranuer	
	(State or country)  Maw Mark	(Duration)
	10 NAME OF FATHER	Contributory ds.
	11 BIRTHPLACE Thu MEN / Ciril	(SECONDARY) (Duration) yrs, mos de
	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER	(Signed) J. Bush M. D.
		State the Disputer Course
	13 BIRTHPLACE OF MOTHER	*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	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
	THE ABOVE IS THE BEST OF MY KNOWLEDGE	Where was disease contracted.
Î	(Informant)	If not at place of death?  Former or  usual residence
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	m . 0 . 1 . 1 . 1 . 4	Drytur Mich Freb 18, 1916
1	FILEO #11 1910, 1910, 111, 1100	UNDERTAKER ADDRESS

City

3 SEX

MARGIN

RES

ERV U

FOR BINDING

(Month) (Day) (Year)  AGE  (Month) (Day) (Year)  (Year)  (If LESS than I 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)	Much 2, 1915, to Muck 1916, that I last saw him alive on Much 4, 1916, and that death occurred, on the date stated above, at 19. m.  The CAUSE OF DEATH* was as follows:
BIRTHPLACE (State or country)  10 NAME OF FATHER Stresh on Stocking  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER STARL PARTICIPAL	Contributory (SECONDARY)  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Address)  (Address)
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE  (Informant)	18 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
Filed Mar 105- 1916, J. M. Seits	10 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  MAR 8  106  20 UNDERTAKER  ADDRESS  Charleses

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bla.-100 pp.

1PLACE OF DEATH	STATE OF MICHIGAN
County Washturw Depart	ment of StateDivision of Vital Statistics.
Township TRANSCRIP	T OF CERTIFICATE OF DEATH—LOCAL REGISTER
village Christa	Registered No. 10
city (No.	St.; Ward)  St.; Ward)  Mask  St.; Ward)  St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	March (Day) (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h malive on March 6, 1916,
8 5 - yrs. 2 mos. 17 ds. or min.?	and that death occurred, on the date stated above, atm.
* OCCUPATION	The CAUSE OF DEATH* was as follows:
(a) Trade, profession or Real Amethod particular kind of work Real Amethod (b) General nature of industry, business, or establishment in Yau Black with which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) yrs, mos, ds,
10 NAME OF Jahn Mast	(SECONDARY) (Duration) yrs, mos, ds,
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) II. To alure M. D. Marele & 1916 (Address) Christa Mich
of MOTHER UMCHOWN	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  GETTIALLY	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWNEDGE	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?
(Address) Phulskal Mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Mar 17 Jest Site	20 UNDERTAKER DE ADDRESS
FIJA 1912 REGISTRAR	If to P. Staffan Chelsea

	STATE OF MICHIGAN ent of StateDivision of Vital Statistics.
County Manhunau	
Township or Village Musical	OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No.
or 7	St.; Ward)  [If death occurred in a hospital or institution, give its Mark instead
FULL NAME Glovence /1	and Smith of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE  SINGLE, MARRIED WIDOWED OR DIVORCES	16 DATE OF DEATH  (Month) (Day) (Year)
(Write the word) Cocco	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That, I attended deceased from
December 20, 1856 (Month) (Day) (Year)	Man 29, 1916, to Man 29, 196, that I last saw has alive on Man 29, 1916,
7 AGE If LESS than I day, hrs.	and that death occurred, on the date stated above, at
29 yrs. 3 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Certifical applessa
9 BIRTHPLACE (State or country)  Muchingues	(Duration) yrs. mm. ds.
10 NAME OF Hollian B Milliams.	(SECONDARY) (Duration) yrs. shot. ds.
U L' State or country Connay Vania  W C MAIDEN NAME OF MOTHER OF MOTHER	3/3/ 1916 (Address) hele
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
15 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds, State yrs, mos. ds,
14 THE ABOVE IS TRUE TOUTHE SEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) I mill amount	Former or usual residence
(Address) Thelsea mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MANS / 1916.
File Mar 3/ 1916 DORN MEDITAR	20 UNDERTAKER ADDRESS Philacan

### WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 36-10-10-1000 bks,-100 pp.

	PLACE OF DEATH	STATE OF MICHIGAN
	County January Depar	tment of StateDivision of Vital Statistics.
	Township July TRANSCRIE	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER
	Village Thelsea	Registered No. /2
	City (No.	St.; Ward) a hospital or institution,
	FULL NAME Jellie Blan	che Bahruch  give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N. Carlotte	SEX COLOR OR RACE SINGLE, MARRIED, MARRIED, OR DIVORGED OR DIVORGED	16 DATE OF DEATH Man 26
1	DATE OF BIRTH	(Month) (Day) (Year)
	San/. 28, 1873	I HEREBY CERTIFY, That I attended deceased from
1-	AGE (Month) (Day) (Year)	, 191 , to , 191 ,
	1/2 0 of tay, hrs.	that I last saw h alive on 191
-	yrs mos ds. or min.?	and that death occurred, on the date stated above, at
5	OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
	particular kind of work  (b) General nature of industry,	The sale of the sale
	business, or establishment in which employed (or employer)	3/26/16
9	BIRTHPLACE (State or country)	about 125th
_	Clho	(Duration) yrs mos. ds.
	10 NAME OF FATHER	Contributory
u	11 BIRTHPLACE	(SECONDARY) (Duration) yrs, mes d
ARENTS	OF FATHER (State or country)	(Signed) In Wheral Justice Pear Res
ABE	12 MAIDEN NAME OF MOTHER OF MOTHER	Mar 26, 1916 (Address) Tre Chia 2 2
α	- Welled a Sterre	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Hosingman.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the
	- Mr. P. O. B	Where was disease contracted, if not at place of death?  ds. State
(	Informant) Wa USA	Former or usual residence
	(Address) Julkson Hack	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	4/11/1/11/10	Lansing Mich Mar 28 1816
F	iled & 1916 A A Carrell	20 UNDERTAKER ADDRESS

	STATE OF MICHIGAN	
County ( ash length Departm	ent of StateDivision of Vital Statistics.	
Township TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
village fulls	Registered No. 13	
City	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead	
FULL NAME Angabeth Anna of street and number.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Tempele white (Write the word)	16 DATE OF DEATH  Mar/ 2 6 (Month) (Day) (Year)	
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from	
, 1, 1	, 191, to, 191	
(Month) (Day) (Year)  7 AGE   If LESS than	that I last saw h alive on , 191	
39 vrs 10 mor 20 ds or min.?	and that death occurred, on the date stated above, at	
yrs more da, UI	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work	Of The Man 31 1911	
(b) General nature of industry, business, or establishment in which employed (or employer)	about 225	
"BIRTHPLACE (State or country) from Mich.	(Duration) yrs, mos, di	
10 NAME OF ATHER	(SECONDARY) (Duration) WIS / mos. di	
o "BIRTHPLACE"	(Signed) AD We Cheral Bustins Me	
Z (State or country) Maine	, 191 (Address)	
12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 Manley	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)  A At place  In the	
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	At place In the State yrs. mos. ds. State yrs. mos. d	
Int and	if not at place of doath?	
(Informant)	usual residence	
(Address) fight had	Laurena Prese Mar 2 f. 191 h	
Filed Cha 4, 1916, M. P. Daniels REGISTRAR	Sur Matter Chelsia	
	And African Control of the Control o	

STATE OF MICHIGAN County Department of State--Division of Vital Statistics. Township SCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Village OI. Registered No. City If death occurred in Ward) a hospital or institution, RECORD give its NAME instead FULL NAME of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX COLOR OR RACE SINGLE. RESERVED FOR BINDING 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCEDA (Write the word) DATE OF BIRTH (Day) (Year) I HEREBY CERTIFY, That I attended deceased from -10-10-1000 bks.-100 pp. (Month) (Day) (Year) 7 AGE that I last saw he dealive on If LESS than I day, ..... hrs. and that death occurred, on the date stated above, at or min.? 8 OCCUPATION The CAUSE OF DEATH \* was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry. NFADING business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Duration) MARGIN 10 NAME OF Contributor FATHER (SECONDARY) 11 BIRTHPLACE (Duration) PARENTS WRITE PLAINLY, OF FATHER (Signed) (State or country) 12 MAIDEN NAME 6. 191 (Address) OF MOTHER \* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal, 13 BIRTHPLACE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR OF MOTHER (State or country) At place 14 THE ABOVE IS TRUE In the of death THE BEST OF KNOWLEDGE .... yrs. .... .... mos. ..... ds. State Where was disease contracted, if not at place of death? (Informant) Former or usual residence . (Address 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ., 191..... 20 UNDERTAKER

REGISTRAR

ADDRESS

PLACE OF DEATH

PLACE OF DEATH STATE OF MICHIGAN		
County Mashtenau Departm	ent of StateDivision of Vital Statistics.	
Township	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
or Cl. Vaca	Registered No. 3	
Village or	St. Ward) a hospital or institution,	
City (No.	St.; Ward) a hospital or institution, give its NAME instead of street and number.]	
FULL NAME Slava Kristel		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)	
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from	
Mar 3/1842		
(Month) (Day) (Year)	that I last saw h alive on 191 ,	
I day, hrs.	and that death occurred, on the date stated above, at all m.	
	The CAUSE OF DEATH * was as follows:	
S OCCUPATION (a) Trade profession or	Hanging thousand flameda	
(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)  Muchigan	(Duration) yrs. mos. ds.	
10 NAME OF OMERON	(SECONDARY) (Duration) yrs, mos, ds.	
U) 11 BIRTHPLACE OF FATHER	(Signed)	
(State or country)	April (Address) Pallaca Medical	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  1 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  At place of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
Miss Dunning	if not at place of death?  Former or	
(Informant)	usual residence  19 PLACE OF SURIAL OR REMOVAL DATE OF SURIAL	
(Address)	Plymenthe Mich 4/10,106	
" Out of The Man it	20 UNDERTAKER ADDRESS	
Filed April 1916, April 1916	Mapis. Thelaco	

Form 36-10-10-1000 bks,-100 pp.

PLACE OF DEATH	STATE OF MICHIGAN	
County Mashunaut Depar	tment of StateDivision of Vital Statistics.	
Township TRANSCRIE	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village Chelsea or	Registered No. 16	
City (No. St.; Ward)  2 FULL NAME Saussa Walls of street and number		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Honale While (Write the word)	16 DATE OF DEATH  (Apr. 26 , 1916	
\$ DATE OF BIRTH 19 1824	I HEREBY CERTIFY, That I attended deceased from	
7 AGE (Month) (Day) (Year)	that I last saw har alive on and 22 , 1916.	
9 / yrs / mos 7 ds, Or min.?	and that death occurred, on the date stated above, at	
8 OCCUPATION	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work	minic Calvage High hisians	
(b) General nature of industry, business, or establishment in which employed (or employer)	Mila ansuficiency	
9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.	
10 NAME OF FATHER UNKnown	Contributory. (SECONDARY)	
II BIRTHPLACE OF FATHER (State or country)  II MAIDEN NAME OF MOTHER	(Signed), M. D	
a command	*State the Disease Causing Death, or in deaths from Violent Causes, state  (1) Means of Lyury; and (2) whether Acceptant Causes, state	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR	
(Informant) A sign of My Knowledge	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?	
(Address) Chellaw Muchine	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL	
Thurse Whit	Applante Gerry, 1915	

REGISTRAR

PLACE OF DEATH	STATE OF MICHIGAN
County Wash	ent of StateDivision of Vital Statistics.
Township	OF CERTIFICATE OF DEATH—LOCAL REGISTER
or Chilsia	Registered No.
or	St.; Ward) [If death occurred in a hospital or institution, a lospital or institution, a lospital stranger in the stranger in
me mc	of street and number.
FULL NAME / from as / /	Lamara
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mull white (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Jul 13 , 1853	Man 2(1916, to april 9, 1916,
(Month) (Day) (Year)  7 AGE   If LESS than	that I last saw h alive on 1916,
1 day,hrs.	and that death occurred, on the date stated above, at
yrs, a mos, a ds, or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Chronic Interselect pephints
(b) General nature of industry, business, or establishment in which employed (or employer)	
BIRTHPLACE (State or country)  Maich	(Duration) yrs, mos, ds.
10 NAME OF Muhach M. Manuare	Contributory (SECONDARY) (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)
12 MAIDEN NAME OF MOTHER Margarel	State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Marland,	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) B. M. Manuara	Former or usual residence
Chelsearth h	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Cat Grove Cpt, 27, 1916
Filed May 4, 1916, WR Daniels REGISTRAR	Jundertaker Stoffen Chelseal wh
	77

PLACE OF DEATH STATE OF MICHIGAN		
County Mashtinail Departm	ment of StateDivision of Vital Statistics.	
or Village Chillian	OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No.	
or City (No. St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]  FULL NAME (has distinct Cambrill)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male while (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)	
6 DATE OF BIRTH  Sept 19 19/3	I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)  7 AGE    If LESS than   1 day,	that I last saw have alive on the date stated above, at m.	
8 OCCUPATION (a) Trade profession and (b) Trade profession and (c) Trad	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	with salitus media	
9 BIRTHPLACE (State or country)  Much	(Duration) yrs, mos, ds,	
10 NAME OF Jaward Canfield	(SECONDARY) (Duration) yrs. mos. ds.	
U II BIRTHPLACE OF FATHER (State or country)  U II II MAIDEN NAME OF MOTHER OF MOTHER	(Signed) 16 (Address) Chille Maile:	
of MOTHER Alla Willson	* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
15 BIRTHPLACE OF MOTHER (State or country)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the	
(Informant) A Company of the sest of MY KNOWLEDGE	of death	
(Address) Chelse a	1º PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed May 7, 1916, MAR Maniels. REGISTRAR	20 UNDERTAKER Stoffer Chilera Mich	

PLACE OF DEATH STATE OF MICHIGAN		
County Washlevard Department	ent of StateDivision of Vital Statistic	os.
Township TRANSCRIPT	OF CERTIFICATE OF DEATH-LOCAL REG	ISTER
Village Chelsea	Register	ed No. / 9
or	St.; Wa	[If death occurred in a hospital or institution.
	7 14	give its NAME instead of street and number.]
FULL NAME ( Sucas )	uller	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Malle COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month)	9 1916 (Day) (Year)
ODATE OF BIRTH	I HEREBY CERTIFY, That I at	tended deceased from
May 7 ,1816	Most 7 , 1916, to	May 9, 191 6,
7 AGE (Month) (Day) (Year)	that I last saw hand alive on May	, 191,
2 I day,hrs.	and that death occurred, on the date sta	ated above, at m.
yrsds. or The CAUSE OF DEATH * was as follows:		ows:
(a) Trade, profession or particular kind of work		eleterleses
(b) General nature of industry, business, or establishment in which employed (or employer)	- I	
9 BIRTHPLACE (State or country)  Muchange	(Duration)	yrs, mos, ds,
10 NAME OF Edwin Beuller	(SECONDARY) (Duration)	yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	May (O 191 (a (Address)	elses.
of Mother Mary Curtis	*State the DISEASE CAUSING DEATH, or in death (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, St	UICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Muchigan	15 LENGTH OF RESIDENCE (FOR HOSPITALS, IN RECENT RESIDENTS) At place In the of death	MSTITUTIONS, TRANSIENTS, OR
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Informant) Edwin Bulleo	Former or usual residence	
(Address) Chelaca		DATE OF BURIAL
15	Wak Grove -	ADDRESS ADDRESS
Filed May 19 1918, Who and	20 UNDERTAKER WASLES-	Chelavar

TOWINShip  OF  OF  VIIIage  OF  City  (NO.  St.;  Ward)  If desth occurred in destroy  of the state and number.  FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  **SPEX  **COLOR OR RACE  **MANNED  **OLOR OF BACE  **MANNED  **OLOR OF BACE  **MANNED  **OLOR OF BACE  **MANNED  **OLOR OF BACE  **MANNED  **MAN	County Machines Depar	STATE OF MICHIGAN rtment of StateDivision of Vital Statistics.
OT VILLAGE  OT CITY  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AN	The second	
VILIAGE OF City  (NO. St.; Ward)    If death securred is left death dea	Township	PI OF CENTIFICATE OF DEATH—LOCAL REGISTER
City  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SINGLE, MARRIED OR CONCRETE OF GEATH  PARTICULARS  SINGLE, MARRIED OR CONCRETE OF GEATH  SOCIUPATION  (a) Trade, prefession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PRINTIFFLACE  (State or country)  SINGLE, MARRIED OF DEATH  THEREBY CERTIFY That I attended deceased from May 1, 1916, to May 1, 1916, and that death occurred, on the date stated above, at 6 Pm and that death occurred, on the date stated above,		Registered No.
PERSONAL AND STATISTICAL PRYICULARS  PERSONAL AND STATISTICAL PRYICULARS  SEX  PERSONAL AND STATISTICAL PRYICULARS  SEX  *COLOR OR RACE  *MANIELD,		St: Ward a headtal or institution
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  5 ANALE, MARRIED, MARKED, MARKED	DI Y	give its NAME instead
**SEX ** COLOR OR RACE ** SINGUED WILDOWED OR PROPERTY OF DEATH ** SINGUED OR PROPERTY OF DEATH ** WAS AS FOLLOWS:  ** OCCUPATION  (a) Trade, profession or particular kind of work ** Singued Or Particular kind of work ** Singu	FULL NAME ( ) legaled	ho had all the
** OCCUPATION  ** OCCUPATION  ** OCCUPATION  (a) Trade, prefession or particular band of work  (b) General nature of industry, building in which employed (or employer)  ** BIRTHPLACE  OF PATHER  (State or country)  ** Sint the Lace  (State or country)  ** Sint the Lace  (Signed)  ** Sint the Lace  (Signed)  ** Sint the Debase Carbino Death, or in deaths from Violent State  (Signed)  ** Sint the Lace  (Signed)  ** State the Debase Carbino Death, or in deaths from Violent State  (Signed)  ** State the Debase Carbino Death, or in deaths from Violent State  (She or country)  ** State the Debase Carbino Death, or in deaths from Violent Carbino, state  (I) Manne of Pather Carbino Death, or in deaths from Violent Carbino, state  (She or country)  ** State the Debase Carbino Death, or in deaths from Violent Carbino, state  (I) Manne of Pather Carbino Death, or in deaths from Violent Carbino, state  (She or country)  ** State the Debase Carbino Death, or in deaths from Violent Carbino, state  (I) Manne or Indiana, Surcipate, or Househald.  ** State the Debase Carbino Death, or in deaths from Violent Carbino, state  (I) Manne or Indiana, Surcipate, or Househald.  ** State the Debase Carbino Death, or in deaths from Violent Carbino, state  (I) Manne or Indiana, Surcipate, or Househald.  ** State the Debase Carbino Death, or in deaths from Violent Carbino, state  (I) Manne or Indiana, Surcipate, or Househald.  ** State the Debase Carbino Death, or in deaths from Violent Carbino, state  (I) Manne or Indiana, Surcipate, or Househald.  ** State the Debase Carbino Death, or in deaths from Violent Carbino, state  (I) Manne or Indiana, Surcipate, or Househald.  ** State the Debase Carbino Death, or in deaths from Violent Carbino, state  (I) Manne or Indiana, state  (I) Man		MEDICAL CERTIFICATE OF DEATH
TAGE    ILESS than   I LESS th	A MARRIED WIDOWED OR DIVORCED	Buy 15, 1916
TAGE  (Month) (Day) (Vent)  If LESS than and that death occurred, on the date stated above, at 6 mm	DATE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased from
TAGE  If LESS than I day, hrs.    Idex		Thuy 18, 1918, to May 18, 1916,
and that death occurred, on the date stated above, at 6 mm The CAUSE OF DEATH * was as follows:  The CAUSE O	-	that I last saw handive on Medy / 1916
The CAUSE OF DEATH * was as follows:  The CAUSE OF DEATH * was as foll	TI ELSS that	
(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 ((State or country)  11 BIRTHPLACE ((State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER ((State or country)  13 BIRTHPLACE OF MOTHER ((State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  ((Informant)  ((Address)  15 PLACE OF BURIAL OR REMOVAL  (Address)  16 JURES OF BURIAL OR REMOVAL  (Address)  17 PLACE OF BURIAL OR REMOVAL  (Address)  ADDRESS		The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry, butiness, or establishment in which employed (or employer)  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  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENCE (Informant)  (Address)  10 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS		Russil over greater
Dusiness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  I BIRTHPLACE (State or country)  II BIRTHPLACE OF FATHER  State or confutry)  I MAIDEN NAME OF FATHER  State or country)  I MAIDEN NAME OF MOTHER  IS BIRTHPLACE OF MOTHER  State or country)  I BIRTHPLACE OF MOTHER  I MAIDEN NAME OF MOTHER  State or country)  I BIRTHPLACE OF MOTHER  State or Country  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I BIRTHPLACE OF MOTHER  State or Country  I BIRTHPLACE OF MOTHER  State or Country  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I BIRTHPLACE OF MOTHER  State or Country  I BIRTHPLACE OF MOTHER  State or Country  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I BIRTHPLACE OF MOTHER  State or Country  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I BIRTHPLACE  OF MOTHER  State or Country  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I BIRTHPLACE  OF MOTHER  STATE OF MOTHER  STATE OF MOTHER  STATE OF MOTHER  STATE OF MOTHER  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I DEMANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMEICHAL  I DEMANS OF INJURY; and (2) whether ACCIDENTA		hantadhalla
9 BIRTHPLACE (State or country)  10 NAME OF PATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 PLACE OF BURIAL  (Address)  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR OF death yrs. mos. ds. State yrs. mos. ds. State yrs. mos. ds. State of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS  ADDRESS	business, or establishment in	
(Signed)  (Address)  (Signed)  (Address)  (I) Means or Invuer; and (2) whether Accident Acci	9 BIRTHPLACE	This (Duration) yrs. mos. ds.
(Signed)  (Signe		Contributory
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 MAIDEN NAME OF MOTHER (State or country)  (Informant)  (Address)  (In the of death yrs. mos. ds. State yrs. mos. ds. 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  ADDRESS  ADDRESS  ADDRESS	FATHER Last last	
(Informant)  (Informant)  (Address)  (Address)  (Informant)  (Informan	OF FATHER (State or country)	(Signed) Sehreidl , M. D.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  18 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  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS	12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15  20 UNDERTAKER  Of death yrs. mos. ds. State yrs.	OF MOTHER	
(Informant)  (Address)	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Address)  10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  ADDRESS	(Informant)	Former or
15 Chelsea Miel May 19 16	Throwing as his wife.	
D 20 UNDERTAKER ADDRESS		- Chelina mind May 9,06
	b www.	20 UNDERTAKER ADDRESS
REGISTRAR Les Slotte Chelace	Filed France F. 191 REGISTRAR	Mes Slatte Schelan

PLACE OF DEATH STATE OF MICHIGAN		
County Museum	nent of StateDivision of Vital Statistics.	
Township , TRANSCRIPT		
Village helse	Registered No	
Carried to Control of	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead	
of street and number.		
FULL NAME / Dary	W Markey Markey	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	DATE OF DEATH  (C)  (Day)  (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
(hubr) 23 864	June 8, 1916, to fully 15, 191,	
(Month) (Day) (Year)	that I last saw h alive on 191 ,	
7 AGE If LESS than I day,hrs.	and that death occurred, on the date stated above, atm.	
yrs. 2 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows	
(a) Trade, profession or Angelia Chronic Leplane		
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	artirio selevous	
9 BIRTHPLACE (State or country)	(Duration) yrs, mos, ds.	
10 NAME OF FATHER	Contributory (SECONDARY) (Duration) YES, mos. ds.	
1) 11 BIRTHPLACE JUNIOL : ZUM	(Signed) andres Gulle, M. D.	
Z OF FATHER (State or country)	July 17. 1916 (Address) Chelica	
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)  General State of Country)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,	
(Informant) A Minsing	if not at place of death?  Former or usual residence	
Chelp de .	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL	
(Address)	dak Grove July 17, 1916.	
Filed July 8 191 6 MR Daniel	20 UNDERTABLE MALLS Chefred	

PLACE OF DEATH STATE OF MICHIGAN		
County Department of StateDivision of Vital Statistics.		
Township or Chilsea Village	Registered No. 22	
city (No.	St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX COLOR OR RACE  SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Youth) (Day) (Year)	
6 DATE OF BIRTH Sept 11 1848	17 LHEREBY CERTIFY, That I attended deceased from 1914, to 1914,	
(Month) (Day) (Year)  7 AGE If LESS than	that I last saw har alive on, 1916, and that death occurred, on the date stated above, atm.	
67 yrs. 10 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	- Carens may much	
(State or country)	(Duration) yrs, mos, ds.	
10 NAME OF MILE Kaucher	(SECONDARY) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)	
11 BIRTHPLACE OF FATHER (State or country)  11 Minute of Monther o	(Signed) 3, 196 (Address) Chelace	
a Dorothy zahr	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ADDRESS TRUE TO THE BEST OF MY KNOWLEDGE	IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  1At place  1 in the of death yrs mos ds.	
(Informant)	Where was disease contracted, if not at place of death?  Former or usual residence	
(Address) Chilsea	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3 1915	
Quato 6 WADans	O UNDERTAKER ADDRESS	

6. 11	STATE OF MICHIGAN ment of StateDivision of Vital Statistics.
Township TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No. 23
city (No.	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 COLOR OR RACE SINGLE, MARRIED, WIDOWED, LINGLE OR DIVORCED (Write the word)	16 DATE OF DEATH  Mophs  (Mophs)  (Day)  (Year)
DIE 25 1853	I HEREBY CERTIFY, That I attended deceased from  191 to 191 191 191 191 191 191 191 191 191 19
(Month) (Day) (Year)  7 AGE If LESS than	that I last saw h alive on , 191 , and that death occurred, on the date stated above, at , m.
OZyrs. J mos. // ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry,	Carcionma of Breast
business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) 4 yrs mos ds.
10 NAME OF Sulvestin Smith.	(SECONDARY) (Duration) yrs, mos, ds.
12 MAIDEN NAME OF MOTHER	(Signed) Address Chelsea.
a De Mother and allegne.	*Store the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Musily Grafe	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
Masulum Proute	Where was disease contracted, if not at place of death?
(Address) (Address)	19 PLAGEPOF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sept 4:56 WRDan	20 UNDERTAKED ADDRESS
REGISTRAR	Millaples nessen

PLACE OF DEATH STATE OF MICHIGAN		
County Wash lemans Department of StateDivision of Vital Statistics.		
Township	T OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village Chelsea	Registered No. 24	
City (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead	
FULL NAME Francetta	To Scrafbled of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	Lpt & 5/1/16, to Sept 8/3/18 14	
7 AGE If LESS than		
2 yrs. 6 mos. 2 ds. or min.?	and that death occurred, on the date stated above, at	
8 OCCUPATION	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work	morovus.	
(b) General nature of industry, business, or establishment in which employed (or employer)	:	
(State or country) Mich	(Duration) yrs. mos. ds.	
10 NAME OF My Plane Collins	Contributory (SECONDARY)	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) Schnick M. D.	
12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or in deaths from Violent Causes, state  (4) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)  Let m end	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,	
(Informant) Wi Lrepluse	if not at place of death?	
(Address) Philips Wich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16	Wall Troue Sept 20,1916	
Filed Oct 4, 1916, W. M. Wauells	20 UNDERTAKER ADDRESS Che lave	

PLACE OF DEATH STATE OF MICHIGAN		
County Department of StateDivision of Vital Statistics.		
Township TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village	Registered No.	
City Chelsea (No.	St.; Ward)  St.; Ward)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SETY 4 COLOR OR BACE   5 SINGLE,	16 DATE OF DEATH	
Rusele while (Write the word)	(Month) (Day) (Year)	
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
Upr. 4 1853	191 , to [leb 14 , 1916,	
(Month) (Day) (Year)	that I last saw her alive on Och 14 195	
7 AGE If LESS than I day,	and that death occurred, on the date stated above, at	
0 yrs. 10 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:	
S OCCUPATION A	Problemin Gilis	
(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)	(Duration) 3 yrs. mos. ds.	
10 NAME OF FATHER	(SECONDARY)  (Duration)  (Duration)  (Duration)  (SECONDARY)	
O 11 BIRTHPLACE	(Signed) I Buch. M. D.	
(State or country)	Philade	
I BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Described Particles  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos, ds. State yrs, mos ds. Where was disease contracted,	
(Informant) Biggalis	if not at place of death?	
01.1	usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address)	Melian Mich Cettling	
Filed My 3, 1916, Wildamil	TO UNDERTAKER ADDRESS	
REGISTRAR	Jep Mass	

1	
STATE OF MICHIGAN	
County Mash Department of StateDivision of Vital Statistics.	
TOLKSONIO	T OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township or	
Village Chelsea	Registered No.
City (No.	St.; Ward) a hospital or institution,
0/1	give its NAME instead of street and number.]
FULL NAME harks	Ally or '
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX COLOR OR RACE SINGLE,	16 DATE OF DEATH
MARRIED,	lest 25 1016
male white (Write the word) need	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
11 1832	Sept 1, 190, to let 2, 1916,
(Month) (Day) (Year)	that I last saw handive on Och 24 1916
7 AGE If LESS than	and that death occurred, on the date stated above, at 2 Pm.
0/ yrs. 6 mos/4 ds. or min.?	The CAUSE OF DEATH * was as follows:
S OCCUPATION	Chronic Interdial method
(a) Trade, profession or particular kind of work	
(b) General nature of industry, business, or establishment in	istenosellouses with
which employed (or employer)	valvulas dieis Theast
9 BIRTHPLACE (State or country)	(Duration) yrs, mos, ds.
10 NAME OF	Contributory
FATHER	(SECONDARY) (Duration) Vrs. mos dis
O II BIRTHPLACE	M. n. 121
OF ATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) M. D.
T 12 MAIDEN NAME OF MOTHER C	(Address)
a Clisabeth Prosser	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds.
The Above is the Best of Mt Knowledge	Where was disease contracted, if not at place of death?
(Informant) frances allege	Former or usual residence
While M. el	2º PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
(Address)	Clar 4 1000 (let 23 1916
Mr. Comments of the comments o	20 UNBERTAKER ADDRESS
Filed f J J 1916.	Tax Stoffen Chelses

PLACE OF DEATH STATE OF MICHIGAN		
County Washlenaul, Department of StateDivision of Vital Statistics.		
Township or Village	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 27	
or Charles	St.; Ward)  St.; St.; Ward)  St.; Ward)  St.; St.; Ward)  St.; St.; Ward)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX COLOR OR RACE SINGLE, MARRIED, MIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year	
*DATE OF BIRTH Proof 12, 1862	I HEREBY CERTIFY, That I attended deceased from	
7 AGE (Moorth) (Day) (Year)  1 LESS than 1 day	and that death occurred, on the date stated above, at	
8 OCCUPATION  (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:	
(b) General nature of industry, business, or establishment in which employed (or employer)	· · · · · · · · · · · · · · · · · · ·	
* BIRTHPLACE (State or country)  Mewfprk	Contributory Extic value	
10 NAME OF FATHER Lavid Blaich.	(SECONDARY) (Duration) yrs mos. ds	
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) , M. D. (Address) , M. D.	
of MOTHER Seached Keek	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)  Genna	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, di	
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence	
(Address) Chillsea.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS	
Filed 3, 1916, ATTOO	20 UNDERTAKER Maples Chilicia	

PLACE OF DEATH STATE OF MICHIGAN		
County Markenau Department of State-Division of Vital Statistics.		
Townsmp	T OF CERTIFICATE OF DEATH—LOCAL R	EGISTER
Village Chelsea	Regist	ered No. 28
Land Control of the C	St.; V	Vard) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
male white Single.  MARRIED.  Willowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	7 3 , 191 <u>(Day)</u> (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I	attended deceased from
(Month) (Day) (Year)	that I last saw h alive on	
29 yrs. 0 mos 25 ds. 1 day, hrs. or min.?	and that death occurred, on the date so	
S OCCUPATION  (a) Trade, profession or particular kind of work	Killed By	rars
(b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country)  New York	(Duration)	yrs mos ds.
10 NAME OF PATHER PRATICULATION OF PATHER PRATICULATIO	(SECONDARY) (Duration)	yrs mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	(Signed) A Avery	, M. D-
12 MAIDEN NAME OF MOTHER Mary Kelking	*State the Disease Causing Death, or in dea (1) Means of Industry; and (2) whether Accidental,	ths from Violent Causes, state Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, RECENT RESIDENTS)  At place In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State - Where was disease contracted, if not at place of death?	yrs ds.
(Informant) Automatical Maries	Former or usual residence	DATE OF BURIAL
15 h 1 3 1 Mess A.	Marksone .	ADDRESS
Filed W 916, PEGISTAR	1 1 Mark 11	Place

PLACE OF DEATH STATE OF MICHIGAN		
County Department of StateDivision of Vital Statistics.		
Township TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village helsla	Registered No.	
City	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead	
FULL NAME falia	of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Guale While Wife the word	10 DATE OF DEATH  (Month)  (Day)  (Year)	
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from	
Drv 19 ,1833	, 191, to, 191,	
(Month) (Day) (Year)	that I last saw h alive on 191 ,	
82 vrs // mos 3 ds or min.?	and that death occurred, on the date stated above, at 3	
S OCCUPATION	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work	our me y possesse	
(b) General nature of industry, business, or establishment in which employed (or employer)	for no programme	
(State or country)  Penn -	(Duration) yrs, mos, ds,	
10 NAME OF FATHER	(SECONDARY) (Duration) (Duration) (Duration) (Duration) (Duration)	
() II BIRTHPLACE	(Signed) Les Malman, M. D.	
Z (State or country)	Oct 24, 1916 (Address) Chilana	
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  1 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?	
(Informant) Than final	Former or usual residence	
(Address) Chillean	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL O	
Filed Nor3 1916, Welland	20 UNDERTAKER PURPOS Chelace	

PLACE OF DEATH STATE OF MICHIGAN	
County Department of StateDivision of Vital Statistics.	
Township TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village	Registered No. 90
or OI	[If death occurred
City (No	St.; Ward) a hospital or institution give its NAME inste
FULL NAME Creation I Seriptiere of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male whele (Write the word)	16 DATE OF DEATH  Color 2 1916  (Month) (Day) (Yea
6 DATE OF BIRTH	17 J HEREBY CERTIFY, That I attended deceased from
Not 27 1912	Clet 10 , 1916, to Och 12 , 1916
(Month) (Day) (Year)	that I last saw healive on Net 1 2 1916
7 AGE If LESS than	and that death occurred, on the date stated above, at
3 yrs / O mos. S ds. or	
8 OCCUPATION	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	4
(b) General nature of industry.	Intatile Paralysis
business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) yrs. mos. (
10 NAME OF )	Contributory
FATHER My Il . Land line	(SECONDARY)  (Duration)  VIS. mos.
() 11 BIRTHPLACE	(Signed) Words M.
State or country)	16/19-1 0/1/20
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Address)
of MOTHER Lulas Adrida	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, sta (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, CRECENT RESIDENTS)
(State or country)	At place In the of death yrs mos ds. State yrs mos of
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
In Frehling	if not at place of death?
(Informant)	usual residence
(Address) Chila	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
15	Caf grove IN 1910
Filed My 3, 196, Williams	20 UNDERTAKER ADDRESS
REGISTRAR	HI Maple Calla.

### 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 calender 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.