

STATE OF MICHIGAN.


Department of State—Division of Vital Statistics


REGISTER OF DEATHS.

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

Village of *Spring*
(Township, Village or City.)
County of *Washtenaw*
From *Oct 1st*, 191*7* to *1917*

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

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

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

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

Nov 3, 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw h..... alive on 1916, and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)(Signed) Harlie Hulford J.D., M. D.
Oct 9, 1916 (Address) Chelsea

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

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

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

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Washtenaw

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

Chelsea

(No.

St.;

Ward)

Registered No. 32

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

2 FULL NAME

Thomas Wilkerson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

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

widower

6 DATE OF BIRTH

Oct 14, 1837

(Month) (Day) (Year)

7 AGE

79

yrs. 0 mos. 15 ds.

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

Retired Farmer

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

9 BIRTHPLACE
(State or country)

Michigan

10 NAME OF FATHER

Thomas Wilkerson

11 BIRTHPLACE OF FATHER
(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Jane Cleary

13 BIRTHPLACE OF MOTHER
(State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

T. W. Wilkerson

(Address)

Chelsea

15

Filed Nov 3, 1916

W. R. Davenport

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 29, 1916

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

March, 1910, to Oct 29, 1916

that I last saw him alive on Oct 29, 1916

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

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

J. T. Woods, M. D.
Oct 5, 1916 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Oct 31, 1916

20 UNDERTAKER

ADDRESS

J. H. Mapes Chelsea

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

MARGIN RESERVED FOR BINDING

Form 93—6-14-1000 Dea.—100 pp.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

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

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

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed)..... M. D.

10/21, 1916 (Address).....

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

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

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

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washt

Township

or

Village Chelsea

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 34

2 FULL NAME

Wesley Canfield

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married6 DATE OF BIRTH Sept 5, 1841
(Month) (Day) (Year)7 AGE 75 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. Or min.?8 OCCUPATION
(a) Trade, profession or particular kind of work Dramatic
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) New York10 NAME OF FATHER Wm Canfield11 BIRTHPLACE OF FATHER (State or country) New York12 MAIDEN NAME OF MOTHER Maria Anthony13 BIRTHPLACE OF MOTHER (State or country) N.Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Canfield(Address) Chelsea15 Filed Nov 4, 1916 W R Samuels REGISTRAR16 DATE OF DEATH Nov 22, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to Oct 31, 1916, that I last saw him alive on Oct 31, 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

cerebral apoplexy with valvular disease of heart

(Duration) yrs. mos. ds.

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

(Signed) G. H. Palmer, M. D. Nov 23, 1916 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL 11/23, 191620 UNDERTAKER Geo P. Haffner ADDRESS Chelsea

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

MARGIN RESERVED FOR BINDING

Form 33—6-14-1000 Dec.—100 pp.

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

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

FULL NAME

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

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

DATE OF DEATH

DATE OF BIRTH

AGE

If LESS than

OCCUPATION

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

BIRTHPLACE

(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Audrous Gould, D.

12/8/1916 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

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

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 36

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

2 FULL NAME

Christina Pinkbinder

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

6 DATE OF BIRTH Mar 2, 1838
(Month) (Day) (Year)

7 AGE 18 yrs. 9 mos. 21 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Germany

PARENTS
10 NAME OF FATHER John Albert
11 BIRTHPLACE OF FATHER (State or country) Germany
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Pinkbinder
(Address) Chelsea

15 Filed Dec 27/16 W. R. Dault REGISTRAR

16 DATE OF DEATH Dec 28, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1916, to Dec 23, 1916, that I last saw h _____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

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

Contributory (SECONDARY) _____

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

(Signed) S. G. Bush, M. D.
Dec 23, 1916 (Address) Chelsea

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cab Grove 12/26, 1916

20 UNDERTAKER

ADDRESS

S. H. Mapes Chelsea

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Wash

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

37

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

2 FULL NAME

Chris Kelly

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

single

DATE OF BIRTH

72 May 17, 1894
(Month) (Day) (Year)

7 AGE

22 yrs. 7 mos. 13 ds.

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

8 OCCUPATION

(a) Trade, profession or
particular kind of work

Student

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

Attending College

9 BIRTHPLACE

(State or country)

Mich

PARENTS

10 NAME OF
FATHER

John Kelly

11 BIRTHPLACE
OF FATHER
(State or country)

Mich

12 MAIDEN NAME
OF MOTHER

Johnnie Welch

13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

Jaw 7, 1916
V. D. Dand
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 7 23, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Dec 7, 1916, to Dec 23, 1916,
that I last saw him alive on Dec 23, 1916,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Acute pneumatic phthisis

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

Contributory

(SECONDARY)

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

(Signed)

Dec 24, 1916 (Address) Checker

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

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Dec 24, 1916

20 UNDERTAKER

ADDRESS

Geo. Stoffer

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.)

St.;

Ward)

Registered No.

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on _____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)

(Signed)

12-26, 1916 (Address)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

(No.)

St.;

Ward)

Registered No.

39

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

2 FULL NAME

Genevieve Hummel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

Jan 4, 1917

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 25, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar, 1916, to Dec 2, 1916,
that I last saw her alive on Dec 24, 1916,

and that death occurred, on the date stated above, at 82 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Geo W Palmer

, 191 (Address)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

W. H. Miller 12/28, 1916
Geo P. Stoffer Chubee

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Chelsea

Township

or

Village Chelsea

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 48

2 FULL NAME

Mervin L Davis

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH Feb 2, 1872
(Month) (Day) (Year)7 AGE 94 yrs. 10 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE
(State or country)Mich.10 NAME OF FATHER Henry Giddes11 BIRTHPLACE OF FATHER Ny.
(State or country)12 MAIDEN NAME OF MOTHER Marta Jones13 BIRTHPLACE OF MOTHER Ny.
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C M Davis(Address) Chelsea15 Filed Dec 29, 1966 W R Davis
REGISTRAR16 DATE OF DEATH Dec 26, 1966
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan, 1966, to Nov 28, 1966, that I last saw he alive on Dec 26, 1966, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH * was as follows:

Myocardial infarctionContributory (SECONDARY) Edema lungs
(Duration) yrs. mos. ds.(Signed) St. Bush, M. D.
Dec 27, 1966 (Address) Chelsea

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL Dec 29, 1966UNDERTAKER J L Mape ADDRESS Chelsea

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

MARGIN RESERVED FOR BINDING

Form 53—6-6-10000 Rev.—100 DP.

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.)

St.;

Ward)

Registered No. 41

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

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

The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)

(Signed) Andrew Goulds, M. D.

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

2 FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

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

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. H. Woods, M. D.

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

2 FULL NAME

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)

(Signed)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4

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

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

² FULL NAME

Chauncey M Stevens

PERSONAL AND STATISTICAL PARTICULARS

³ SEX <u>male</u>	⁴ COLOR OR RACE <u>white</u>	⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
⁶ DATE OF BIRTH <u>July</u> , 1 <u>866</u> (Month) (Day) (Year)		
⁷ AGE <u>56</u> yrs. <u>6</u> mos. <u>16</u> ds. <u>OR</u> min.? If LESS than 1 day, hrs.		
⁸ OCCUPATION (a) Trade, profession or particular kind of work <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
⁹ BIRTHPLACE (State or country) <u>U.S.</u>		
PARENTS	¹⁰ NAME OF FATHER <u>Uzziah Stevens</u>	
	¹¹ BIRTHPLACE OF FATHER (State or country) <u>U.S.</u>	
	¹² MAIDEN NAME OF MOTHER <u>Caroline Philbrick</u>	
	¹³ BIRTHPLACE OF MOTHER (State or country) <u>U.S.</u>	

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH
July, 1917
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY, That I attended deceased from July 3, 1917, to July 26, 1917, that I last saw him alive on July 26, 1917, and that death occurred, on the date stated above, at m m.

The CAUSE OF DEATH* was as follows:
Intestinal Neoplasia
chronic enteritis
Hypertrophy of heart
(Duration) 9 yrs. 0 mos. 0 ds.

Contributory (SECONDARY)
(Duration) 9 yrs. 0 mos. 0 ds.

(Signed) Geo W Palmer, M. D.
1/28, 1917 (Address) Chelsea

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

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

¹⁹ PLACE OF BURIAL OR REMOVAL <u>Oak Grove</u>	DATE OF BURIAL <u>1/28</u> , 19 <u>17</u>
²⁰ UNDERTAKER <u>Geo P Slaff</u>	ADDRESS <u>Chelsea</u>

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo P Slaff
(Address) Chelsea

¹⁵ Filed Feb 3 1917 W R Daniel
REGISTRAR

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

Registered No.

2 FULL NAME

St.

Ward

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

Jan 29, 1917, to Feb 8, 1917,

that I last saw him alive on Feb 8, 1917,

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

The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)

(Signed)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw

Township

or

Village Chelsea

or

City

(No. _____)

St. _____

Ward _____

Registered No. 6

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

2 FULL NAME Mrs Mary Vogel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

FILE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on Feb 13, 1917, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)

(Signed)

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

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

FULL NAME

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

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

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE

(State or country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

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

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

2 FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

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

16 DATE OF DEATH

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

PARENTS

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw ~~her~~ alive on

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191 (Address)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 23-6-14-1000 Rev.-100 pp.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

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

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed) Geo W Palmer, M. D.

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

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

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

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

16 DATE OF DEATH

6 DATE OF BIRTH

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

PARENTS

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

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

that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed) _____, M. D.

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 23—6-14-1000 b2a-100 pp.

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No. 11

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

2 FULL NAME

Richard Strouten

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

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

Married

6 DATE OF BIRTH

March 12, 1865
(Month) (Day) (Year)

7 AGE

52 yrs. 0 mos. 8 ds. or min.?

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

Cigar maker

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

9 BIRTHPLACE

(State or country)

Michigan

10 NAME OF FATHER

James Strouten

11 BIRTHPLACE OF FATHER
(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Margaret Hobbs

13 BIRTHPLACE OF MOTHER
(State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

March 7, 1917

W. R. Sand

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 19, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar 15, 1917, to Mar 19, 1917,
that I last saw him alive on Mar 19, 1917,
and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Influenza, pneumonia
and bronchitis

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

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

, 1917 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Mar 23, 1917

20 UNDERTAKER

ADDRESS

J. L. Mapes Chelsea

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw

Township

or

Village Chelsea

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 71

2 FULL NAME

Mary Newburger

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Apr 2, 1844
(Month) (Day) (Year)

7 AGE 73 — yrs. — mos. — ds. 21 If LESS than 1 day, hrs. OR min.?

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

9 BIRTHPLACE (State or country) Germany

10 NAME OF FATHER Andrew Datz

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Grace Stinkert

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis Kress

(Address) Chelsea

15 Filed Apr 25, 1917 W. A. Phelan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 23, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 2, 1917, to Apr 22, 1917, that I last saw her alive on Apr 22, 1917, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

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

(Signed) Geo W Palmer, M.D.
Apr 24, 1917 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL Apr 26, 1917
20 UNDERTAKER Geo P. Staff ADDRESS Chelsea

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Registered No.

Village

or

City

(No.

St.;

Ward)

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed) June 11, 1917 (Address)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Washtenaw

Township

or

Village

or

City

Chelsea

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

13

2 FULL NAME

(No.

St.;

Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

5 COLOR OR RACE

6 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

7 DATE OF BIRTH

8 AGE

If LESS than

1 day, hrs.

OR min.?

9 OCCUPATION

(a) Trade, profession or particular kind of work

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

10 BIRTHPLACE

(State or country)

11 NAME OF FATHER

12 BIRTHPLACE OF FATHER (State or country)

13 MAIDEN NAME OF MOTHER

14 BIRTHPLACE OF MOTHER (State or country)

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

June 15, 1917, to June 17, 1917,

that I last saw him alive on June 17, 1917,

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

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

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

6/16, 1917 (Address) Chelsea.

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Dexter Mich 6/19, 1917

20 UNDERTAKER

ADDRESS

Geo. P. Slattery Chelsea Mich

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

Filed

July 3, 1917

W. P. David

REGISTRAR

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Washington

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

Earnest E. Shaver

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR OR RACE

white

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

Married

DATE OF BIRTH

August 17, 1849
(Month) (Day) (Year)

AGE

67 yrs. 10 mos. 2 ds. If LESS than
1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession or particular kind of work

Photographer
Own gallery

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

BIRTHPLACE

(State or country)

Michigan

NAME OF FATHER

Jacob Shaver

BIRTHPLACE OF FATHER
(State or country)

New York

MAIDEN NAME OF MOTHER

Sarah M. Omb.

BIRTHPLACE OF MOTHER
(State or country)

New York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Earnest Shaver

(Address)

Chelsea.

15

Filed

July 3, 1912

H. P. Dancy

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 19, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

191 to 191

that I last saw him alive on 191

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

The CAUSE OF DEATH* was as follows:

Plauquitis with
perforation of gall bladder

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

H. H. Schmidt

(Duration) yrs. mos. ds.

(Signed) M. D.

June 22, 1912 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mt. Church

DATE OF BURIAL

6/22, 1912

20 UNDERTAKER

Geo P. Stappan

ADDRESS

Chelsea

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No. 15

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

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

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed)

June 29, 1917 (Address)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

July 28, 1917

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on 1917,
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)(Signed) M. D.
July 25, 1917 (Address) Chelusa

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

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

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

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

2 FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY That I attended deceased from

that I last saw him alive on

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

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Address)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

Filed

REGISTRAR

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State—Division of Vital Statistics.

Township

or

Village Chelsea

or

City

(No.

St.;

Ward)

Registered No. 19

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

FULL NAME

Sarah V Beal

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 1, 1847
(Month) (Day) (Year)

7 AGE 70 yrs. 3 mos. 17 ds. If LESS than 1 day, _____ hrs. OR _____ min.?

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE
(State or country)Mich

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. Aitken(Address) Chelsea

FILED

July 20, 1917W. R. Deane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 17, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1917, to July 17, 1917, that I last saw her alive on July 17, 1917, and that death occurred, on the date stated above, at 5:30 pm.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

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

Contributory

(SECONDARY)

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

(Signed) John Woods, M. D.July 19, 1917 (Address) Chelsea

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

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

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

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

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove July 20, 1917

UNDERTAKER

ADDRESS

S. A. Mapes Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

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

DATE OF DEATH

DATE OF BIRTH

AGE

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

OCCUPATION

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

BIRTHPLACE

(State or country)

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed) M. D.

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

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

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 38—6-16-1000 (Rev. 1-10-10)

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

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

(Signed) M. D.

(Address)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

PLACE OF DEATH

STATE OF MICHIGAN

County

Washtenaw

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

Chelsea

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

22

(No.

St.;

Ward)

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

FULL NAME

Frances Hawley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

DATE OF BIRTH

AGE

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE

(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

18

Filed

Oct 4 1917

McDonald

REGISTRAR

DATE OF DEATH

Oct 1

1917

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

, 191, to , 191,

that I last saw h alive on , 191,

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

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) , M. D.

, 191 (Address)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

, 191

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No. 23

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

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

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Address)

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

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

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County WashtenawTownship Chubinaor Village Chubinaor City ChubinaCity Chubina

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 24

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

2 FULL NAME Strider

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH Oct 28, 1917
(Month) (Day) (Year)7 AGE Stillborn If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE
(State or country)10 NAME OF FATHER Julius Strider
11 BIRTHPLACE OF FATHER Mich
(State or country)
12 MAIDEN NAME OF MOTHER Olga Hoffman
13 BIRTHPLACE OF MOTHER Mich
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J M Strider(Address) Chubina15 Filed Nov 4, 1917 W. R. D. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28, 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Stillborn

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

Contributory
(SECONDARY)

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

(Signed) W. R. D. Davis, M. D.
Oct 28, 1917 (Address) Chubina

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

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

_____, 191____

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 33-6-14-1000 (Rev. 1-10-17)

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County Wash

Township

or

Village Chelsea

or

City

No.

St.;

Ward)

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

2 FULL NAME

Genl Spengler

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH Oct 18, 1914
(Month) (Day) (Year)7 AGE 3 yrs. 19 mos. 19 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Michigan10 NAME OF FATHER Harvey Spengler11 BIRTHPLACE OF FATHER (State or country) Mich12 MAIDEN NAME OF MOTHER Lula Sliger13 BIRTHPLACE OF MOTHER (State or country) Mich

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lula Spengler(Address) Chelsea Mich15 Filed Oct 4, 1914REGISTRAR W R Daulton

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Nov 6, 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1915 to Nov 6, 1917

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

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

The CAUSE OF DEATH* was as follows:

appendicitis

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

Contributory.....
(SECONDARY)

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

(Signed) J G Bush, M. D.

, 191..... (Address).....

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

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

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

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

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Nov, 191.....

20 UNDERTAKER

ADDRESS

Geo Sliger Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

County Wash

Department of State—Division of Vital Statistics.

Township Chelsea

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or ChelseaVillage Chelseaor ChelseaCity Chelsea(No. 26)

St.;

Ward)

Registered No. 26

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

FULL NAME

Rose Ann Cassidy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE, MARRIED, OR DIVORCED Single
(Write the word)DATE OF BIRTH Jan 19, 1846
(Month) (Day) (Year)AGE 71 yrs. 9 mos. 9 ds. If LESS than 1 day, hrs. or min.?OCCUPATION (a) Trade, profession or particular kind of work House duties
(b) General nature of industry, business, or establishment in which employed (or employer) Own homeBIRTHPLACE (State or country) MichPARENTS 10 NAME OF FATHER John Cassidy11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER Rose Ann Cassidy13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R.C. Howe(Address) Chelsea15 Filed Dec 4, 1917 W.H. Rauscher REGISTRARDATE OF DEATH Nov 28, 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1917, to Nov 28, 1917, that I last saw her alive on Nov 28, 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bright's disease
(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John W. Ward, M. D.Nov 28, 1917 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. John's DATE OF BURIAL Dec 3, 191720 UNDERTAKER Gro P. Hoffa ADDRESS Chelsea

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

MARGIN RESERVED FOR BINDING

Form 10-6-1000 (Rev. 1-10-17)

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No. 27

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

11/28, 1917, to 12/28, 1917,
that I last saw him alive on 12/28, 1917,
and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

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

11/30, 1917 (Address) Chelsea

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

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

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

'PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw

Township _____

or

Village Chelsea

or

City _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 28

(No. _____ St.; _____ Ward)

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

2 FULL NAME

Mary Jane Sage

PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE 86 yrs. 4 mos. 29 ds. If LESS than 1 day, _____ hrs. OR _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Housekeeper

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

Home

9 BIRTHPLACE (State or country)

Michigan

10 NAME OF FATHER

John Courtney

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Alice Judd

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

L. M. J. Williams
Chelsea Mich.

15

Filed

Dec 5, 1917 W. R. Danahy

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 1, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased on Nov 15, 1917, to Dec 1, 1917,

that I last saw him alive on _____, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

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

Contributory (SECONDARY)

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

(Signed) St. B. Bush, M. D.
Dec 3, 1917 (Address) Chelsea

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Thomas C. W. Rd. Dec 4, 1917

20 UNDERTAKER

ADDRESS

Geo. P. Stapp Chelsea

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

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No. 29

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

FILED

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1917, to Dec 5, 1917,

that I last saw her alive on Dec 5, 1917,

and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

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

Contributory

(SECONDARY)

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

(Signed) Geo W Palmer, M. D.

12/7, 1917 (Address) Chelsea

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

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

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

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

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Cem. Dec 8, 1917

UNDERTAKER

ADDRESS

Geo P. Shaffer Chelsea

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

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

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

The CAUSE OF DEATH * was as follows:

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), M. D.

....., 191..... (Address)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

Registered No. 31

or

City

(No.

St.;

Ward)

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

2 FULL NAME

Mrs Arlissa Lockwood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

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

Married

6 DATE OF BIRTH

Oct 18, 1853
(Month) (Day) (Year)

7 AGE

64 yrs. 2 mos. 11 ds. or min.?

If LESS than

1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Housewife

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

9 BIRTHPLACE

(State or country)

N. Y.

10 NAME OF FATHER

William Vauseville

11 BIRTHPLACE OF FATHER
(State or country)

N. Y.

12 MAIDEN NAME OF MOTHER

Elizabeth Goodenough

13 BIRTHPLACE OF MOTHER
(State or country)

N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. W. H. Betts

(Address)

Chelsea

15

Filed

Jan 2, 1918

W. R. Daniels

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

12 29, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Nov 3, 1917, to Dec 29, 1917,

that I last saw her alive on Dec 28, 1917,

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

The CAUSE OF DEATH* was as follows:

Carcinoma - Ovarian
Ascites Rethenial

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Andrews Gouldie, M. D.

12/30, 1917 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Seneca Mich Jan 1, 1918

20 UNDERTAKER

ADDRESS

S. L. Mapes Chelsea

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

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

16 DATE OF DEATH

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on 1918,
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191..... (Address)

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

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

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

FULL NAME

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

PARENTS

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH * was as follows:

Contributory

(SECONDARY)

(Signed) M. D.

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

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

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

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

REGISTRAR

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw

Township _____

or _____

Village Chelsea

or _____

City _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 24

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

2 FULL NAME James Van Meter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)6 DATE OF BIRTH Nov 15, 1848
(Month) (Day) (Year)7 AGE 69 yrs. 2 mos. 1 ds. If LESS than 1 day, _____ hrs. OR _____ min.?8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) New York10 NAME OF FATHER J. Ditz11 BIRTHPLACE OF FATHER (State or country) New York12 MAIDEN NAME OF MOTHER Mary Howe13 BIRTHPLACE OF MOTHER (State or country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Ray Harris(Address) Chelsea Mich15 Dec 20 1918 W R Daniel
Filed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 16, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1917, to Jan 16, 1918, that I last saw him alive on Jan 16, 1918, and that death occurred, on the date stated above, at 3:15 m.The CAUSE OF DEATH* was as follows:
Acute dilatation of heartContributory Androus Goulde
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____, M. D.

1/17, 1918 (Address) Chelsea Mich.

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Dexter DATE OF BURIAL Jan 18, 191820 UNDERTAKER S A Mapes ADDRESS ChelseaWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County WashtenawTownship ChelseaVillage ChelseaCity Chelsea

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 35

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

2 FULL NAME Eliza Armstrong

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married6 DATE OF BIRTH Mar 17, 1848
(Month) (Day) (Year)7 AGE 69 yrs. 10 mos. 5 ds. or 5 min.?
If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 2/41918REGISTRAR W. R. Davis

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 22, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1918, to Jan 22, 1918, that I last saw her alive on Jan 22, 1918, and that death occurred, on the date stated above, at Chelsea

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Geo. W. Palmer, M. D.Jan 23, 1918 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Chelsea Jan 25, 1918

20 UNDERTAKER

ADDRESS

Geo. P. Stoffer Chelsea

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw h. alive on and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)

(Signed) M. D.

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

2 FULL NAME

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

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

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

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) , M. D.

....., 191..... (Address).....

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

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

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

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

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw

Township

or

Village Chelsea

or

City

(No.

St.;

Ward)

Registered No. 7

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

FULL NAME

Walter Foster

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR OR RACE

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

DATE OF BIRTH

2 8, 1 918
(Month) (Day) (Year)

AGE

14 yrs. 5 mos. 0 ds. or min.?If LESS than
1 day, hrs.

OCCUPATION

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

BIRTHPLACE

(State or country)

MichiganNAME OF
FATHERWalter FosterBIRTHPLACE
OF FATHER
(State or country)MichiganMAIDEN NAME
OF MOTHEREva CraigBIRTHPLACE
OF MOTHER
(State or country)Mich.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. Foster

(Address)

Chelsea

FILED

Filed

2/10 8 W.R. Smith
191 8

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

2 8, 1918
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

June 9, 1918, to 2 18, 1918that I last saw him alive on 2/8, 1918,and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Endocarditis from

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) _____, M. D.

191____ (Address)

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

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

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

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove 2 11, 1918

UNDERTAKER

ADDRESS

S.D. Mapes Chelsea

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

MARGIN RESERVED FOR BINDING

Form 28—6-14-1000 Rev.—100 pp.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County

Township

or

Village

or

City

Department of State—Division of Vital Statistics.

STATE OF MICHIGAN

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

2 FULL NAME

(No.

St.;

Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

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

9 BIRTHPLACE

(State or country)

PARENTS

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

2/21

1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw h— alive on

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

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed)

Date

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

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

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

Form 10-1-1000 (Rev. 1-100 20)

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County Wash.

Department of State—Division of Vital Statistics.

STATE OF MICHIGAN

Township _____

or _____

Village Chelsea

or _____

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

Registered No. 10

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

2 FULL NAME Edna M. Hall

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed6 DATE OF BIRTH September 9, 1888
(Month) (Day) (Year)7 AGE 80 yrs. 1 mos. 5 ds. If LESS than 1 day, ____ hrs. ____ min.?8 OCCUPATION
(a) Trade, profession or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Mich.

PARENTS	10 NAME OF FATHER <u>John Mulholland</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>N.Y.</u>
	12 MAIDEN NAME OF MOTHER <u>Abigail Choate</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Nellie Hall(Address) Chelsea Mich.15 Filed Mar 4, 1918 W.R. Daniels
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH 2 14, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 2 1, 1918, to 191, 1918, that I last saw him alive on 2 1, 1918, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

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

Contributory _____

(SECONDARY) _____

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

(Signed) _____, M. D.

_____, 191____ (Address) _____

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Oak Grove DATE OF BURIAL 2/17, 191820 UNDERTAKER S. J. Mapes ADDRESS Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Washtenaw

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No. 11

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

FULL NAME

Hedwig Kilmer

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE

(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

March 24, 1918
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

January 1, 1918, to March 24, 1918,

that I last saw him alive on March 24, 1918,

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

The CAUSE OF DEATH * was as follows:

Arterio Sclerosis
and hypertrophy of heart
with valvular disease

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

George W. Palmer, M. D.

3/25, 1918 (Address) Chelsea, Mich.

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

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

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

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Cemetery March 27, 1918.

UNDERTAKER

ADDRESS

S.A. Mapes Chelsea

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County Northwestern

Department of State—Division of Vital Statistics.

Township

or

Village Chelsea

or

City

(No. _____)

St.; _____

Ward) _____

Registered No. 17

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

FULL NAME Adeline Muscott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
------------------------	---------------------------------	---

6 DATE OF BIRTH <u>May</u> <u>?</u> <u>1899</u>	(Month) (Day) (Year)
--	----------------------

7 AGE <u>79</u> yrs. <u>11</u> mos. <u>11</u> ds.	If LESS than 1 day, _____ hrs. _____ min.?
--	--

8 OCCUPATION

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

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

9 BIRTHPLACE

(State or country) Michigan

PARENTS

10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Kalmbach(Address) Chelsea, Mich.

15

Filed April 8 1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>April</u> <u>2</u> , 191 <u>8</u>	(Month) (Day) (Year)
--	----------------------

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1917, to March 20, 1918, that I last saw her alive on March 20, 1918, and that death occurred, on the date stated above, at 16 m.

The CAUSE OF DEATH* was as follows:

Fracture of Femur and Decubitus

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

Contributory (SECONDARY)

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

(Signed) Scott H. Palmer, M. D.4/3, 1918 (Address) Chelsea Mich.

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Fun Home Center April 10, 1918

20 UNDERTAKER

ADDRESS

S. A. Mapes Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No. 13

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

BIRTHPLACE

(State or country)

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from
Feb 11, 1918, to Apr 10, 1918,that I last saw him alive on Apr 10, 1918,
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of bowels

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

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

H-17, 1918 (Address) Chelsea

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

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

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State—Division of Vital Statistics.

Township Chelsea

or Village Chelsea

or City Chelsea

(No. _____) St.; _____ Ward) Registered No. 114

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

2 FULL NAME Donald L. Hagadon

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH January 25, 1917 (Month) (Day) (Year)

7 AGE 1 yrs. 2 mos. 25 ds. If LESS than 1 day, _____ hrs. _____ min.?

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

9 BIRTHPLACE (State or country) Michigan

10 NAME OF FATHER Robert Hagadon

11 BIRTHPLACE OF FATHER (State or country) Michigan

12 MAIDEN NAME OF MOTHER Mabel Foster

13 BIRTHPLACE OF MOTHER (State or country) Michigan

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Hagadon

(Address) Chelsea, Mich

15 Filed Apr. 24, 1918 M. Lloyd

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 20, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1918, to April 20, 1918, that I last saw him alive on April 19, 1918, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

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

Contributory (SECONDARY) _____

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

(Signed) J. T. Woods, M. D.

, 1918 (Address) Chelsea Mich

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Dak Grove DATE OF BURIAL Apr 22, 1918

20 UNDERTAKER S. A. Mapes ADDRESS Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

County Hackensaw

Department of State—Division of Vital Statistics.

Township Chelsea

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or ChelseaVillage Chelseaor ChelseaCity Chelsea(No. 15)St.; Chelsea WardRegistered No. 15

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

FULL NAME Baby Knoll

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 23, 1918
(Month) (Day) (Year)

7 AGE 12 hrs. 12 mos. 12 yrs. 12 ds. 12 min.?

8 OCCUPATION

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

9 BIRTHPLACE (State or country)

Michigan

10 NAME OF FATHER

George Knoll

11 BIRTHPLACE OF FATHER (State or country)

Michigan

12 MAIDEN NAME OF MOTHER

Miss Hamilton

13 BIRTHPLACE OF MOTHER (State or country)

Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

George Knoll

(Address)

Chelsea, Mich.

15

Filed

Apr 30, 1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 23, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1918, to April 23, 1918, that I last saw him alive on April 23, 1918, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Lived 12 hours No cause other than that of birth

(Duration) 12 hrs. 12 mos. 12 yrs. 12 ds.

Contributory (SECONDARY)

(Duration) 12 hrs. 12 mos. 12 yrs. 12 ds.

(Signed) J. T. Woods, M. D.
Apr 28, 1918 (Address) Chelsea, Mich.

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

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

At place of death 12 yrs. 12 mos. 12 ds. In the State 12 yrs. 12 mos. 12 ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Seymour CenterApr 24, 1918

20 UNDERTAKER

ADDRESS

J. A. MaperChelsea

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

MARGIN RESERVED FOR BINDING

Form 28—8-14-1909 Rev.—100 370.

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw

Township _____

or _____

Village Chelsea

or _____

City _____

(No. _____)

St.; _____

Ward) _____

Registered No. 16

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

² FULL NAME William C. Reed

PERSONAL AND STATISTICAL PARTICULARS

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

⁶ DATE OF BIRTH June 27, 1834
(Month) (Day) (Year)

⁷ AGE 83 yrs. 8 mos. 6 ds. If LESS than 1 day, ____ hrs. ____ min.?

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

⁹ BIRTHPLACE (State or country) New York

¹⁰ NAME OF FATHER Anson Reed

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

¹² MAIDEN NAME OF MOTHER Sarah J. Cummings

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

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. L. Staffan

(Address) Chelsea, Mich.

¹⁵ Filed June 4, 1918 W. C. Reed
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁰ DATE OF DEATH April 3, 1918
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY, That I attended deceased from April 1, 1918, to April 3, 1918, that I last saw him alive on April 3, 1918, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH * was as follows:

Cerebral apoplexy

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

Contributory (SECONDARY) ____

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

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

April 3, 1918 (Address) Chelsea

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

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

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

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

Former or usual residence _____

¹⁹ PLACE OF BURIAL OR REMOVAL Chelsea DATE OF BURIAL April 6, 1918

Vermont Cemetery

²⁰ UNDERTAKER Geo. L. Staffan ADDRESS Chelsea

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No. 17

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

FULL NAME Alice Howe

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE
(State or country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

17

I HEREBY CERTIFY, That I attended deceased from

May 3, 1918, to May 3, 1918, that I last saw her alive on May 3, 1918, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of bowels

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Geo. W. Palmer, M. D.

5-5, 1918 (Address) Chelsea Mich

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washington

Township

or *Ph...*

Village Chelusa

or

City

(No. _____ St.; _____ Ward) a hospital or institution

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

² FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 24, 1832
(Month) (Day) (Year)

AGE 75 yrs. 10 mos. 10 ds. If LESS than
1 day, hrs.
OR min.?

9 OCCUPATION

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

(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l job work

9 BIRTHPLACE
(State or country) *Elsau, Lorraine*

10 NAME OF FATHER Frank Stoffan

NTS ¹¹ BIRTHPLACE
OF FATHER
(State or country) *Elmer, Louisiana*

12 MAIDEN NAME OF MOTHER *Mrs. M. A. Kersch*

13 BIRTHPLACE
OF MOTHER
(State or country) *Essex, Louisiana*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. P. Hoffman

(Address) Chelsea Mich

15 *2. 1. 1992*

Filed June 11, 1910 1910 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 4, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
Feb 2, 1918, to May 2, 1918,
that I last saw him alive on May 2, 1918,
and that death occurred, on the date stated above, at 7 a.m.
The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed) Geo W Palmer M. D.

5/4, 1918 (Address) Chelsea Mass

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

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

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

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

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Old Mill	May 2 1918

20	UNDERTAKER	ADDRESS
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Geo. T. Staffan Chelsea, Wt.

MARGIN RESERVED FOR BINDING

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

Form 22-6-14-1000 bks.-100 pp.
Form 22-6-14-1000 bks.-100 pp.

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw

Township _____

or

Village Chelsea

or

City _____

(No. _____

St.; _____

Ward) _____

Registered No. 19

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

2 FULL NAME Adelia M. Martin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

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

16 DATE OF DEATH

(Month)

(Day)

(Year)

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

17 I HEREBY CERTIFY, That I attended deceased from _____, 1918, to _____, 1918, that I last saw him alive on _____, 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

(Duration)

3 yrs.

mos.

ds.

Contributory (SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

M. D.

May 30, 1918

(Address)

Chelsea, Mich.

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

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

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

2 FULL NAME

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

STATE OF MICHIGAN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on

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

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed)

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

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

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

(No.

St.;

Ward)

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

BIRTHPLACE

(State or country)

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

191

(Year)

I HEREBY CERTIFY, That I attended deceased from

191

to

191

that I last saw him alive on

191

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

m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed) M. D.

191

(Address)

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

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

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

191

20 UNDERTAKER

ADDRESS

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

1 PLACE OF DEATH

County Washtenaw
Township
or
Village Chelsea
or
City

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 22

2 FULL NAME

J. Howard Fetterman
1193 Warren Road, Lakewood, Ohio

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH January 29, 1893
(Month) (Day) (Year)

7 AGE 25 yrs. 5 mos. 20 ds. If LESS than 1 day, _____ hrs. OR _____ min.?

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

9 BIRTHPLACE (State or country) Cleveland, Ohio

10 NAME OF FATHER J. V. Fetterman

11 BIRTHPLACE OF FATHER (State or country) Cleveland, Ohio

12 MAIDEN NAME OF MOTHER Jone - (Last name unknown)

13 BIRTHPLACE OF MOTHER (State or country) Cleveland, Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. Fetterman
1193 Warren Road
(Address) Lakewood, Ohio

15 Filed July 30, 1918 M. Dwyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 20, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Killed in D. & R. electric railway wreck about 1 1/2 miles west of Chelsea, Mich.
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Leo J. Kennedy, Coroner, M. D.
, 191____ (Address) Ann Arbor, Mich.

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

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

19 PLACE OF BURIAL OR REMOVAL Lakewood, Ohio DATE OF BURIAL July 24, 1918

20 UNDERTAKER Geo. P. Hoffman ADDRESS Chelsea, Mich.

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

23

FULL NAME

(No.

St.;

Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

BIRTHPLACE

(State or country)

NAME OF
FATHERBIRTHPLACE
OF FATHER

(State or country)

MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER

(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

13

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

June 26, 1918, to June 26, 1918,

that I last saw him alive on June 26, 1918,

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

The CAUSE OF DEATH* was as follows:

Broncho pneumonia
Pulmonary atelectasis

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

S. G. Smith, M. D.
June 26, 1918 (Address) Chelsea

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

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

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County Washtenaw

Township _____

or

Village Chelsea

or

City _____

(No. _____

St.; _____

Ward) _____

Registered No. 24

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

FULL NAME Harold Joseph Flynn

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH December 25, 1891
(Month) (Day) (Year)

7 AGE 27 yrs. 6 mos. 25 ds. If LESS than 1 day, _____ hrs. OR _____ min.?

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

9 BIRTHPLACE (State or country) Illinois

10 NAME OF FATHER John F. Flynn

11 BIRTHPLACE OF FATHER (State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Ellen Louis Donovan

13 BIRTHPLACE OF MOTHER (State or country) Massachusetts

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John R. Flynn

(Address) 209 Acme Detroit

15 Filed July 30, 1918 W. H. Lloyd
REGISTRAR

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 20, 1918
(Month) (Day) (Year)

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

that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Killed in S. H. K. wreck
Inquest pending

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

Contributory (SECONDARY) _____

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

(Signed) H. F. Brooks Justice of Peace, M. D. July 20, 1918 (Address) 209 Acme Detroit

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Detroit Mich DATE OF BURIAL July 24, 1918

20 UNDERTAKER Wm. H. Cavanaugh ADDRESS Detroit

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

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

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

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed)

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

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

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

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.; Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

PARENTS

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

191

REGISTRAR

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

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

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

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed)

July 24, 1918 (Address) Chelsea

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

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

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

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

BIRTHPLACE

(State or country)

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

, 191, to, 191,

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

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

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)(Signed) (Duration) yrs. mos. ds.
July 20, 1918 (Address)* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County WashtenawTownship Sylvania

or

Village Chelsea

or

City Albion

(No. _____)

St.; _____

Ward) _____

Registered No. 28

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

2 FULL NAME

Nick Vasileff Albion, Mich.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH 1899
(Month) _____ (Day) _____ (Year) _____7 AGE 19 yrs. _____ mos. _____ ds. OR min. ?
If LESS than 1 day, _____ hrs.8 OCCUPATION
(a) Trade, profession or particular kind of work Wheel worker
(b) General nature of industry, business, or establishment in which employed (or employer) Wheel works9 BIRTHPLACE (State or country) Macadonia10 NAME OF FATHER Lomonis Vasileff11 BIRTHPLACE OF FATHER (State or country) Macadonia12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (State or country) Macadonia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nick George(Address) Albion, Mich.15 July 20, 1918Filed July 20, 1918

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 20, 1918
(Month) _____ (Day) _____ (Year) _____

17 I HEREBY CERTIFY, That I attended deceased from _____, 191, to _____, 191, that I last saw h _____ alive on _____, 191, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Killed in D. U. A. wreck
Inquest pending

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

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

(Signed) Leo Kennedy, Coroner, M. D.
July 20, 1918 (Address) Ann Arbor, Mich.

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Albion

DATE OF BURIAL

July 20, 1918

20 UNDERTAKER

Geo. P. Staffan

ADDRESS

Chelsea, Mich.

REGISTRAR

MARGIN RESERVED FOR BINDING

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

PLACE OF DEATH

County

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

St.; Ward)

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

OCCUPATION

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

FILED

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

, 191, to, 191,

that I last saw h alive on, 191,

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

The CAUSE OF DEATH* was as follows:

Killed in D. R. wreck
Inquest pending

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

July 30, 1918 (Address) Am Arbor, Mich

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

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

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County

Township

or

Village

or

City

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

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

(No.

St.;

Ward)

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

BIRTHPLACE

(State or country)

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, that I attended deceased from

July 30, 1918, to July 30, 1918,

that I last saw him alive on July 30, 1918,

and that death occurred, on the date stated above, at 12:45 pm.

The CAUSE OF DEATH* was as follows:

Injuries received in wreck on
electric railway July 30, 1918.

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

J. T. Woods, M. D.
July 31, 1918 (Address) Chelsea, Mich*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

DATE OF BIRTH

AGE

If LESS than

1 day, hrs.

OR min.?

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE

(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

FILED

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

, 191, to, 191,

that I last saw h alive on, 191,

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

The CAUSE OF DEATH* was as follows:

Death caused by a collision on the Detroit Jackson Chicago street railway near Chicago, Mich.

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Les J. Kennedy, Coroner, M. D.

, 191 (Address) Ann Arbor, Mich.

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

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

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

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDEBTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

2 FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed)

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

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Nash

Township

or

Village Chelsea

or

City

(No. 1)

St.;

Ward)

Registered No. 33

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

2 FULL NAME Martha A. Gardner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (Write the word)6 DATE OF BIRTH Unknown, 1 Year (Month) (Day) (Year)7 AGE 78 If LESS than 1 day, hrs. or min. 7 yrs. mos. ds.

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Michigan10 NAME OF FATHER Henry Griswold11 BIRTHPLACE OF FATHER (State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. J. Burns(Address) Corunna Mich15 Filed 8/7, 1918 REGISTRAR H. L. Jones

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 6, 1918 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1918, to Aug 5, 1918, that I last saw her alive on Aug 5, 1918, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia(Duration) yrs. mos. ds. 1Contributory General paralysis of insane (SECONDARY)(Duration) yrs. mos. ds. 2(Signed) S. G. Bush, M. D.Aug 6, 1918 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Harland Mich DATE OF BURIAL Aug 6, 191820 UNDERTAKER S. A. Wapner ADDRESS ChelseaWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1918, to Aug. 6, 1918, that I last saw him alive on Aug. 6, 1918, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

chronic intestinal nephritis.

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

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

Chelsea, Mich.

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Chelsea, Mich. Aug. 9, 1918

20 UNDERTAKER

ADDRESS

Geo. P. Stoffan Chelsea, Mich.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

(No.

St.;

Ward)

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

DATE OF BIRTH

AGE

If LESS than

1 day,.....hrs.

or.....min.?

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE

(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

Aug. 19, 1918, to Aug. 19, 1918,

that I last saw him alive on Aug. 19, 1918,

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

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

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

Contributory

(SECONDARY)

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

(Signed) Andreas Tude, M. D.

Aug. 20, 1918 (Address) Chelsea, Mich.

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Gass Lake

Aug. 22, 1918

20 UNDERTAKER

ADDRESS

Geo. P. Stoffan

Chelsea

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

County

Township

or

Village

or

City

Department of State—Division of Vital Statistics.

STATE OF MICHIGAN

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

36

(No.

St.;

Ward)

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

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

Divorced

6 DATE OF BIRTH

September 25, 1860
(Month) (Day) (Year)

7 AGE

57 yrs. 11 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Housewife

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

9 BIRTHPLACE

(State or country)

Michigan

PARENTS

10 NAME OF FATHER

John Schnackenberg

11 BIRTHPLACE OF FATHER (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Matilda Bentler

13 BIRTHPLACE OF MOTHER (State or country)

South Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. John Steinbach
Chelusa

(Address)

15

Filed

Sep 23, 1918 J. H. Bays

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

September 19, 1918
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb. 24, 1917, to Sept. 19, 1918,
that I last saw him alive on Sept. 19, 1918,
and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Tonsillitis

Contributory (Duration) yrs. mos. ds.
Pneumonia (SECONDARY)(Signed) Charlie J. Fullford, P.O.
Sep. 23, 1918 (Address) Chelusa, Mich.

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

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

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

19 PLACE OF BURIAL OR REMOVAL

Salem German M.C. Cem.

DATE OF BURIAL

Sep. 23, 1918

20 UNDERTAKER

J. A. Maper

ADDRESS

Chelusa

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County WashtenawTownship Sylvaniaor ChelseaVillage Chelsea

or

City Chelsea

(No. _____)

St.; _____

Ward) _____

Registered No. 37

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

2 FULL NAME Satie Van Tyne

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH July 25, 1918
(Month) (Day) (Year)7 AGE 64 yrs. 1 mos. 6 ds. If LESS than 1 day, _____ hrs. OR _____ min.?8 OCCUPATION (a) Trade, profession or particular kind of work School Teacher (b) General nature of industry, business, or establishment in which employed (or employer) Retired9 BIRTHPLACE (State or country) N.Y.10 NAME OF FATHER Abraham R. Van Tyne11 BIRTHPLACE OF FATHER (State or country) N.Y.12 MAIDEN NAME OF MOTHER Mary M. Ames13 BIRTHPLACE OF MOTHER (State or country) Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. A. Van Tyne(Address) Chelsea, Mich.15 Sept 30, 1918 M. Lloyd

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 31, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1918, to Aug 31, 1918, that I last saw her alive on _____, 1918, and that death occurred, on the date stated above, at 9:00 m.

The CAUSE OF DEATH* was as follows:

Acute Stenosis

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

Contributory Pulmonary embolism
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) S. G. Bush, M. D.
Sept 2, 1918 (Address) Chelsea, Mich.

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Oak Grove, Chelsea DATE OF BURIAL Sept 2, 191820 UNDERTAKER Geo. P. Shaffner ADDRESS Chelsea, Mich.MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

2 FULL NAME

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on 1918, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed)

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Washburn

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

2 FULL NAME

Lara Hammond

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

June 20, 1899
(Month) (Day) (Year)

7 AGE

59 yrs. *3* mos. *0* ds. OR min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

Agent
Extract House

9 BIRTHPLACE

(State or country)

N.Y.

10 NAME OF FATHER

Elija Hammond

11 BIRTHPLACE OF FATHER (State or country)

N.Y.

12 MAIDEN NAME OF MOTHER

Jennie Beam

13 BIRTHPLACE OF MOTHER (State or country)

N.Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Jannie Nagel
Chelsea, Mich.

15

Filed

Sept 30, 1918 *A. H. Boyd*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept. 20, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Dec. 26, 1917, to Sept. 20, 1918,
that I last saw him alive on *Sept. 20, 1918,*
and that death occurred, on the date stated above, at *m.*

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
nephritis

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *Geoff Palmer*, M. D.

9-21, 1918 (Address) *Chelsea, Mich.*

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove, Chelsea *Sept 27, 1918*

20 UNDERTAKER

ADDRESS

Geo B. Hoffman *Chelsea, Mich.*

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County

Township

or

Village

or

City

(No.)

St.;

Ward)

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

2 FULL NAME

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 40

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

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

Married

6 DATE OF BIRTH

February 10, 1849
(Month) (Day) (Year)

7 AGE

69 yrs. 6 mos. 7 ds. If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work

Housewife

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

Own home

9 BIRTHPLACE

(State or country)

German

PARENTS

10 NAME OF
FATHER

Henry Steinbach

11 BIRTHPLACE
OF FATHER
(State or country)

Germany

12 MAIDEN NAME
OF MOTHER

Catherine Tolland

13 BIRTHPLACE
OF MOTHER
(State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. Mackenhub

(Address)

Chelsea, Mich

15

Filed

Oct. 22, 1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

October 17, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

May 29, 1918, to Oct. 17, 1918,

that I last saw him alive on Oct. 17, 1918,

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

The CAUSE OF DEATH* was as follows:

Erd's corditis, uremia
poison

(Duration) yrs. 5 mos. ds.

Contributory

Nephritis

(SECONDARY)

(Duration) yrs. 1 mos. ds.

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

Oct. 19, 1918 (Address) Chelsea, Mich

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

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

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

19 PLACE OF BURIAL OR REMOVAL

Oak Grove, Chelsea, Mich

DATE OF BURIAL

Oct. 21, 1918

20 UNDERTAKER

Geo. L. Staffan

ADDRESS

Chelsea, Mich

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Washtenaw

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 41

(No. _____)

St.; _____

Ward _____

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

2 FULL NAME

John Schauffele

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Widower

6 DATE OF BIRTH

December 29, 1891

(Month)

(Day)

(Year)

7 AGE

89 yrs. 9 mos. 8 ds.

If LESS than

1 day, _____ hrs.

OR _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Retired farmer

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

9 BIRTHPLACE

(State or country)

Germany

10 NAME OF FATHER

Michael Schauffele

11 BIRTHPLACE OF FATHER (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. John Spiegellberg

(Address)

Chelsea, Mich.

15

Filed

Oct 24, 1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

October 1, 1918

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1918, to Oct 4, 1918

that I last saw him alive on Oct 4, 1918

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

The CAUSE OF DEATH* was as follows:

Septicæmia from infected bladder and kidneys
Uraemia

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

Contributory

(SECONDARY)

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

(Signed)

J. G. Hush

M. D.

Oct 5, 1918

(Address)

Chelsea

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Oak Grove Cem.

DATE OF BURIAL

Oct 6, 1918

20 UNDERTAKER

S. A. Mapes

ADDRESS

Chelsea

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State—Division of Vital Statistics.

Township _____

or

Village Chelsea

or

City _____

(No. _____)

St.; _____

Ward) _____

Registered No. 117

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

2 FULL NAME

Morris Vincent

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married6 DATE OF BIRTH March 23, 1883
(Month) (Day) (Year)7 AGE 84 yrs. 6 mos. 17 ds. OR min. 7
If LESS than 1 day, _____ hrs.

8 OCCUPATION

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

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

9 BIRTHPLACE (State or country) Massachusetts10 NAME OF FATHER John Vincent11 BIRTHPLACE OF FATHER (State or country) England12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Morris Vincent(Address) Chelsea Mich15 Filed Oct. 24, 1918 St. J. J. J.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 5, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 1, 1918, to Oct. 5, 1918, that I last saw him alive on Oct. 5, 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Senile gangrene of leg

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

Contributory _____

(SECONDARY) _____

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

(Signed) S. F. J. J., M. D.Oct. 6, 1918 (Address) Chelsea Mich

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

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

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

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Oak Grove Cem.

DATE OF BURIAL

Oct. 8, 1918

20 UNDERTAKER

S. A. Maper

ADDRESS

Chelsea

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County Eastland

Department of State—Division of Vital Statistics.

Township Chelsea

or

Village Chelsea

or

City Chelsea(No. 1)St. 1Ward 1Registered No. 113

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

2 FULL NAME

Charles M Davis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

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

Widowed

6 DATE OF BIRTH

March18183

(Month)

(Day)

(Year)

7 AGE

866190

yrs.

mos.

ds.

or

min.?

If LESS than 1 day, hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Retired farmer

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

9 BIRTHPLACE

(State or country)

Michigan

10 NAME OF FATHER

PARENTS

11 BIRTHPLACE OF FATHER (State or country)

New York

12 MAIDEN NAME OF MOTHER

Mary Ladden

13 BIRTHPLACE OF MOTHER (State or country)

New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr. S. A. Maper

(Address)

Chelsea, Mich

15

Filed

Oct. 24

191

S. A. Maper

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

October71913

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Oct. 111913

to

Oct. 71913that I last saw him alive on Oct. 7, 1913and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

Hemiplegia

(Duration)

yrs.

mos.

ds.

(Signed)

S. A. Maper

M. D.

(Address)

Chelsea, Mich

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

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

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

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

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove CemeteryOct. 91913

20 UNDERTAKER

ADDRESS

S. A. MaperChelsea

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

1 PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State—Division of Vital Statistics.

Township Chelsea

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village Chelsea

Registered No. 114

or City

(No. St.; Ward)

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

2 FULL NAME Selena Rosena Koch

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH October 23, 1897
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Chelsea, Mich

10 NAME OF FATHER John Koch

11 BIRTHPLACE OF FATHER (State or country) Munsterberg, Germany

12 MAIDEN NAME OF MOTHER Maria Magdalena Gruener

13 BIRTHPLACE OF MOTHER (State or country) Munsterberg, Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Koch
(Address) Chelsea, Mich

15 Filed Oct. 25, 1918 A. D. B. A.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 24, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1918, to Oct. 24, 1918, that I last saw him alive on Oct. 24, 1918, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza -
Pneumonia

(Duration) yrs. mos. 5 ds.

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

(Signed) Andreas Guldner, M. D. Oct. 24, 1918 (Address) Chelsea, Mich

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Grove, Chelsea DATE OF BURIAL Oct. 27, 1918

20 UNDERTAKER Geor. Staffan ADDRESS Chelsea, Mich

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

DATE OF BIRTH

AGE

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

OCCUPATION

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

BIRTHPLACE

(State or country)

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

Oct. 7, 1918, to Oct. 28, 1918,

that I last saw him alive on Oct. 26, 1918,
and that death occurred, on the date stated above, at 4:15 m.

The CAUSE OF DEATH* was as follows:

Chronic Græmia
Chronic Nephritis

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Andreas Guldner, M. D.
Oct. 31, 1918 (Address) Chelsea, Mich.* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

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

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mt. Olivet, Chelsea, 1918

UNDERTAKER

ADDRESS

Prof. H. Stoffer Chelsea

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County Washtenaw

Township

or Chelsea

Village

or

City

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4662 FULL NAME Mary Jane Jumbull

St.; Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (Write the word) Widowed6 DATE OF BIRTH April-16-1894, 1 (Month) (Day) (Year)7 AGE 84 yrs. 6 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE (State or country)

New York

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Spencer(Address) Chelsea

15

Filed 11/16/19, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov-14, 1918 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1918, to Nov 14, 1918; that I last saw her alive on Nov 14, 1918; and that death occurred, on the date stated above, at 2:30 p.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) yrs. mos. ds.

Contributory Pulmonary Oedema (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) S. G. Bush, M. D.Nov-15, 1918 (Address) Chelsea

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

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

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Grove

DATE OF BURIAL

Nov-16, 1918

20 UNDERTAKER

S. A. Hayes

ADDRESS

Chelsea

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County WashtenawTownship Sylvanor Village Chelsea

or City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 47-

City

(No.)

St.;

Ward)

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

2 FULL NAME Gottlieb Eisen-

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male-

4 COLOR OR RACE

White-

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

Married

6 DATE OF BIRTH

Feb-7-1848-1 (Month) (Day) (Year)

7 AGE

70 yrs.9 mos.14 ds.

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

8 OCCUPATION

(a) Trade, profession or particular kind of work

Cherry man -

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

9 BIRTHPLACE

(State or country)

Swiss - Switzerland

10 NAME OF FATHER

Wolfgang Eisen-

11 BIRTHPLACE OF FATHER (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Marie Hottmayer

13 BIRTHPLACE OF MOTHER (State or country)

Switzerland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

A. A. Schen

(Address)

Chelsea Mich

15

Filed

Nov 25, 1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 4

(Month)

(Day)

1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1918, to Nov. 21, 1918,

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

and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Metastatic Sarcoma of kidney

(Duration)

yes.....

mos.....

ds.

Contributory

(SECONDARY)

affecting the liver -

(Duration)

yes.....

mos.....

ds.

(Signed)

H. W. Schmidt -

M. D.

Nov 25, 1918 -(Address) Chelsea Mich

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

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

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cash Gene. Bur.Nov 25, 1918

20 UNDERTAKER

ADDRESS

Geo. P. StaffanChelsea

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

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

Township
or
Village Chelrea
or

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City

(No.

St.; Ward)

Registered No. 48-[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

Elizabeth Cworth-

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female-White 4 COLOR OR RACE White 5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED Widow
(Write the word)6 DATE OF BIRTH May. 29 1895
(Month) (Day) (Year)7 AGE 83 yrs. 5 mos. 24 ds. If LESS than
1 day, hrs. 0 min.?

8 OCCUPATION

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

9 BIRTHPLACE

(State or country)

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mrs. Spencer W. Hutton
Chelrea Mich

15

Filed

Nov 25 1918
H. C. Jones

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 23, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
?, 1918, to Nov 23, 1918,
that I last saw her alive on Nov 23, 1918,
and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Initial Resuscitation-

(Duration) yrs. mos. ds.

Contributory Adema Lung
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) L. G. Bush, M. D.Nov 23 1918 (Address) Chelrea*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hutton Mich Nov 25 1918

20 UNDERTAKER

ADDRESS

S. C. Mapes- Chelrea

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH

STATE OF MICHIGAN

County

Washtenaw

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

149

(No.

St.

Ward)

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

FULL NAME

Marion H. Fyles

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Female

COLOR OR RACE

White

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

Widow

DATE OF BIRTH

June 28 - 1825 - 1

(Month) (Day) (Year)

AGE

93 yrs. 5 mos. 1 ds. OR min.?

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

OCCUPATION

(a) Trade, profession or particular kind of work

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

BIRTHPLACE

(State or country)

New York

NAME OF FATHER

Nathan Richards

BIRTHPLACE OF FATHER
(State or country)

Connecticut

MAIDEN NAME OF MOTHER

Polly S. Bell

BIRTHPLACE OF MOTHER
(State or country)

Maine

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Ellen C. Taylor

(Address)

Chelrea Mich.

FILED

Nov 30, 1918. W. C. Boyd

REGISTRAR

DATE OF DEATH

Nov 29 - 1918

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Sept 27, 1918, to Nov 28, 1918,

that I last saw him alive on Nov 28, 1918,

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Colon

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

Geo. W. Palmer, M. D.

Chelrea Mich.

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

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

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

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mich. City Ind. Dec 3, 1918

UNDERTAKER

ADDRESS

L. A. Mages Chelrea

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

MARGIN RESERVED FOR BINDING

Form 28—6-14-1906 Rev.—100 pp.

PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State—Division of Vital Statistics.

Township Chelsea

or

Village Chelsea

or

City Chelsea(No. 50)

St.;

Ward)

Registered No. 50

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

FULL NAME

Lloyd Hoffman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>March 9, 1894</u> (Month) (Day) (Year)		
7 AGE <u>24</u> yrs. <u>9</u> mos. <u>8</u> ds.		If LESS than 1 day, hrs. <u>0</u> min.?

8 OCCUPATION	
(a) Trade, profession or particular kind of work	<u>Machinist</u>
(b) General nature of industry, business, or establishment in which employed (or employer)	<u>R.R. Shop</u> <u>W.P. R.R.</u>

9 BIRTHPLACE (State or country)	<u>Mich</u>
------------------------------------	-------------

PARENTS	10 NAME OF FATHER	<u>Orrin L. Hoffman</u>
	11 BIRTHPLACE OF FATHER (State or country)	<u>Penn.</u>
	12 MAIDEN NAME OF MOTHER	<u>Pauline Griebach</u>
	13 BIRTHPLACE OF MOTHER (State or country)	<u>Mich</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant)	<u>L. Hoffman</u>
(Address)	<u>Chelsea, Mich</u>

15	<u>Dec 14, 1918</u>	<u>L. Hoffman</u>
Filed		REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	<u>Dec. 16, 1918</u> (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 8, 1918</u> , to <u>Dec 15, 1918</u> , that I last saw him alive on <u>Dec 15, 1918</u> , and that death occurred, on the date stated above, at <u>m.</u>	
The CAUSE OF DEATH * was as follows:	

<u>Bronch pneumonia</u>	(Duration) yrs. mos. ds.
-------------------------	--------------------------

Contributory (SECONDARY)	<u>L. J. Palmer</u>	(Duration) yrs. mos. ds.
(Signed)	<u>12/17, 1918</u>	(Address) <u>Chelsea, M.</u>

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

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

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<u>Oak Grove, Chelsea</u>	<u>Dec 19, 1918</u>
20 UNDERTAKER	ADDRESS
<u>Geo. P. Steffan</u>	<u>Chelsea, Mich</u>

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.;

Ward)

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than
1 day, hrs.
OR min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed

1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

12/21, 1918 (Address) Chelsea, Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County Washtenaw

Township _____

or

Village Chelsea

or

City _____

(No. Old Peoples Home St.; _____ Ward)Registered No. 52

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William A. Leigh

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Single

6 DATE OF BIRTH

Nov. 21, 1840

(Month)

(Day)

(Year)

7 AGE

77 yrs. 0 mos. 29 ds.

If LESS than

1 day, _____ hrs.

OR _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired Merchant

9 BIRTHPLACE

(State or country)

Canada

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Spencer(Address) Chelsea, Mich

15

Filed Jan 4 9 1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. 20, 1918

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Dec 16, 1918, to Dec 20, 1918that I last saw him alive on Dec. 20, 1918and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Erysipelas of face

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. T. Woods, M. D.Dec. 22, 1918 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove Cemetery Dec. 22, 1918

20 UNDERTAKER

ADDRESS

S. A. Maper Chelsea

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

(No.)

St.;

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

If LESS than
1 day, hrs.
OR min.?

OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

BIRTHPLACE

(State or country)

NAME OF
FATHERBIRTHPLACE
OF FATHER
(State or country)MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on 1919,
and that death occurred, on the date stated above, at 100 m.

The CAUSE OF DEATH* was as follows:

Contributory
(SECONDARY)

(Signed)

Jan 6, 1919

(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 22-6-14-1000 Jan-100 pp.

1 PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

or

Village

or

City

(No.

St.;

Ward)

Registered No. 2

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Signed)

M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

STATE OF MICHIGAN

County

Department of State—Division of Vital Statistics.

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village

or

City

(No.

St.; Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF DEATH

DATE OF BIRTH

AGE

If LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Contributory

(SECONDARY)

(Signed)

(Duration)

yrs.

mos.

ds.

(Signed)

(Duration)

yrs.

mos.

ds.

(Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

17 UNDERTAKER

ADDRESS

Filed

191

REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 23-1-16-1000 Rev. 1-19-30

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County WashtenawTownship Libran

or

Village Chelsea

or

City

(No. Chelmsford St.; _____ Ward)Registered No. 4-

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

William Bacon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male - White

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)
married

6 DATE OF BIRTH

June 23 - 1852
(Month) (Day) (Year)

7 AGE

66 yrs. 8 mos. 8 ds. If LESS than 1 day, _____ hrs. _____ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Merchant - lumber

(b) General nature of industry, business, or establishment in which employed (or employer)

Coal, grain elevator

9 BIRTHPLACE

(State or country)

England

10 NAME OF FATHER

John Bacon11 BIRTHPLACE OF FATHER
(State or country)England

12 MAIDEN NAME OF MOTHER

Ann13 BIRTHPLACE OF MOTHER
(State or country)England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Paul O. Bacon

(Address)

Chelsea, Michigan

15

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb - 1st, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Jan - 13 -, 1919, to Feb - 7, 1919,that I last saw him alive on _____, 1919,and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hepatitis Bronchitis
Rheumatism - Meningitis
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. W. Palmer, M. D.Feb - 2 -, 1919 (Address) Chelsea

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove, 1919

20 UNDERTAKER

ADDRESS

Geo. V. Staffan - Chelsea, Mich.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

County

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

(No.

St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX Male- COLOR OR RACE White- SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

DATE OF BIRTH

Dec-9-1829-1 (Month) (Day) (Year)

AGE

89 yrs. 2 mos. 4 ds. If LESS than 1 day, hrs. OR min.?

OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country)

New York-

NAME OF FATHER

Henry Rowe-

BIRTHPLACE OF FATHER

(State or country)

New York-

MAIDEN NAME OF MOTHER

Mescilla Foster-

BIRTHPLACE OF MOTHER

(State or country)

New York-

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Harry L. Rowe-

(Address)

Hightstown, N.J.

15

Filed

Feb-15-1919

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb-13, 1919 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Oct-1, 1918, to Feb-13, 1919

that I last saw him alive on Feb-12-1919

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral - Apoplexy

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

J. G. Bush-

M. D.

Feb-14, 1919

(Address) Chelms-

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

22101st St. Mich

Feb-15, 1919

20 UNDERTAKER

ADDRESS

J. A. Macpes-

Chelms-

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 25-6-14-1000 Rev. 1-10-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County

Township

or

Village

or

City

(No.

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Department of State—Division of Vital Statistics.

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than 1 day, hrs. OR min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

REGISTRAR

STATE OF MICHIGAN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

, 191, to, 191,

that I last saw h alive on, 191,

and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

Accidentally killed while loading logs on Wagon in White Woods, Jelvan Twp.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Howard Brooks - M. D.

Feb. 20, 1919 - (Address) Chebea Mich.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oak Grove -

Feb. 24, 1919

20 UNDERTAKER

ADDRESS

Geo. P. Stappan -

Chebea Mich.

PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State—Division of Vital Statistics.

Township Salmon

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 7City Way(No. 1)

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Leo Kelly

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)16 DATE OF DEATH Feb-28- 1919
(Month) (Day) (Year)6 DATE OF BIRTH Dec-25- 1901 1
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan- 1919, to Feb- 1919, that I last saw h alive on 191, and that death occurred, on the date stated above, at 9 a.m.7 AGE 18 yrs. 4 mos. 9 ds. or min.?
If LESS than 1 day, hrs.

The CAUSE OF DEATH* was as follows:

8 OCCUPATION
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) Public SchoolPulmonary tuberculosis
(Duration) yrs. mos. ds.9 BIRTHPLACE (State or country) U.S.-

Contributory (SECONDARY) (Duration) yrs. mos. ds.

10 NAME OF FATHER John Kelly
11 BIRTHPLACE OF FATHER (State or country)(Signed) S. J. Bush, M. D.12 MAIDEN NAME OF MOTHER Hannah WelshFeb-28 1919 (Address) Chelsea13 BIRTHPLACE OF MOTHER (State or country) Michi-

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Marcel Kelly

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Address) Chelsea Michi-

Where was disease contracted, if not at place of death?

15

Former or usual residence

Filed 191.....

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL St. Oliver Lem- DATE OF BURIAL Mar 9 191920 UNDERTAKER Geo. P. Stafford ADDRESS Chelsea

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Extracts from Public Act No. 217 of 1897 (Compiled Laws of 1897, Secs. 4614-4620).

AN ACT to provide for the registration of deaths in Michigan and requiring certificates of death.

SECTION 1. *The People of the State of Michigan enact*, That the body of no person whose death occurs in the State shall be interred, deposited in a vault or tomb or otherwise disposed of, or removed from the township, village or city in which the death occurred, until a permit for burial or removal shall have been properly issued by the clerk of the township, village or city in which the death occurs, who shall be the registrar of deaths.

SEC. 2. Whenever any person shall die, the undertaker, householder, relative, friend, manager of institution, sexton or other person superintending the burial of said deceased person, shall cause a certificate of death to be filled out with all the personal and family particulars required in section three of this act, and attested by the signature of a relative or some competent person acquainted with the facts. The physician who attended the deceased person during his last illness shall fill out the medical certificate of cause of death, which death certificate shall be delivered to the registrar within the time designated, if any, by the local board of health. In case of death without the attendance of a physician, or if it shall appear probable that the deceased person came to his death by unlawful or suspicious means, then the registrar shall refer the certificate to the health officer or coroner for immediate investigation and report prior to issuing the permit: *Provided*, That when the health officer is not a physician, and only in such case, the registrar is authorized to insert the facts relating to the cause of death from statements of relatives or other competent testimony. Upon the presentation of a certificate of death properly filled out and signed, the registrar shall issue a permit for the burial or removal of the body, and *shall immediately record the death in the register of deaths*, numbering all certificates consecutively in the order in which they are received, beginning with number 1 for the first death that occurs in each year. In deaths from *dangerous communicable diseases*, burial or removal permits shall be granted by the registrar only in accordance with the rules of the local board of health and of the State Board of Health relating thereto. The sexton or other person having charge of the interment or final disposition of the body shall retain the burial permit when presented to him by the undertaker: *Provided*, That when a body is shipped the removal permit shall be presented by the undertaker or other person shipping the same to the agent of the transportation company, and shall be attached by him, with the transit permit, to the box containing the body, to accompany the same to destination, and no transit permit shall be issued or received by any transportation company for the shipment of a body unless accompanied by the registrar's removal permit.

SEC. 4. Registers of death shall be supplied by the Secretary of State to registrars for recording certificates of death, together with all blanks required for the execution of this act. On the fourth day of each month the registrar of each township, village and city shall promptly transmit to the Secretary of State, in an official envelope provided by the State, and stamped with one full letter stamp, all the certificates of death filed in his office during the preceding calendar month, with a statement of the number of deaths so reported. If no deaths occurred, he shall make a return to that effect upon a postal card blank.

SEC. 6. Any official failing or refusing to perform his duty under this act, or any undertaker violating any of its provisions, shall upon conviction thereof, be deemed guilty of a misdemeanor, and shall be punished by a fine of not less than five dollars and not exceeding one hundred dollars, or be imprisoned in the county jail not exceeding thirty days, or suffer both fine and imprisonment at the discretion of the court. *Local registrars shall see that the provisions of this act are enforced in their jurisdictions*; the Secretary of State shall be charged with the general execution of the law and shall have supervisory power over registrars, to the end that this act shall be uniformly and effectually executed throughout the State. Prosecuting attorneys shall, upon the request of a local registrar, or of the Secretary of State, assist in the enforcement of the provisions of this act.

**Copies of the Registration Law will be Supplied by the
Secretary of State on application.**