STATE OF MICHIGAN.

Department of State-Division of Vital Statistics

REGISTER OF DEATHS.

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

(Township, Village or My.)

County of South So

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.

Department of State-Division of Vital Statistics. County ANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Township or Village Registered No .. or [If death occurred in City (No. a hospital or institution. Ward) give its NAME instead RECORD THANK OF of street and number.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. SEX 4 COLOR OR RACE 16 DATE OF DEATH BINDING MARRIED. WIDOWED. OR DIVORCED (Write the word) (Menth) (Day) DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from (Month? (Year) (Day) FOR that I last saw h alive on TAGE If LESS than and that death occurred, on the date stated above, at I day,hrs. or... min.? The CAUSE OF DEATH * was as follows: RESERVED S 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) (Duration) mos. ds. Contributory. 10 NAME OF MARGIN FATHER (SECONDARY) (Duration) 11 BIRTHPLACE (Signed) OF FATHER ARENT (State or country) (Address) 12 MAIDEN NAME OF MOTHER * State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 13 BIRTHPLACE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR OF MOTHER RECENT RESIDENTS) (State or country) In the yrs. mos. ds. State ___ 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, if not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

STATE OF MICHIGAN

PLACE OF DEATH

PLACE OF DEATH	STATE OF MICHIGAN
County Washlensell Depart	ment of State—Division of Vital Statistics.
Township TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
or Village	Registered No. 32
or Chiles (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME homas	belkers of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male whele with the word)	2 IS DATE OF DEATH OLD 29 (Month) (Day) (Year)
** DATE OF BIRTH ** (Month) (Day) (Year) (Year)	I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Pay) (Par)	
/ yrs. O mos. / 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Released Farmer	Deables Mellelus
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) yrs mos ds.
10 NAME OF Thomas Welkers	Contributory (SECONDARY) (Quration) / grs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 11 MAIDEN NAME	(Signed) (Loods M. D.
THE MAIDEN NAME OF MOTHER WALLS CLARY	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

(State or country)

13 BIRTHPLACE

(Address)

REGISTRAR

RECENT RESIDENTS)

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

At place

Former or usual residence -

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR

In the

State .

WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 93-6-14-1000 bks.-100 pp.

ownship #3721038 JA201 HTA30 30 3 TRANSCRIP	T OF CERTIFICATE OF DEATH-LOCAL REGISTER
or Office	Registered No. 33
or Cold	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ex COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Menth) (Day) (Yes
(Month) (Day) (Year)	I HEBEBY CERTIFY, That I attended deceased from
GE (Stotich) (Day) (Tear) If LESS than I day,hrs. ormin.?	1 1000 8220 11
a) Trade, profession or Accesety if e-	The CAUSE OF DEATH* was as follows:
b) General nature of industry, usiness, or establishment in hinch employed (or employer)	Saralyses of left arm in
State or country)	(Duration) yrs, mos, mos,
10 NAME OF FATHER Closel hable.	(SECONDARY) (Deration) (Deration) (Deration)
(State or country)	(Signed) (Address) Children
of Mother Miss Wookenow	State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, sta MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, C RECENT RESIDENTS) At place In the
Informant) Claylow	of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chillera.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Cor	unty Sash Departs	STATE OF MICHIGAN ment of State—Division of Vital Statistics.
To		OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 34
Cit	FULL NAME Wishy	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1,50	the wind (Write the word) farried	16 DATE OF DEATH (Month) (Day) (Year (Year If I HERERY SERTIFY That I attended deceased from
9	(Month) (Day) (Year)	that I last saw had alive on
7 AG	yrs	and that death occurred, on the date stated above, at // O.m. The CAUSE OF DEATH * was as follows:
(b) busi	Trade, profession or ticular kind of work General nature of industry, insess, or establishment in ch employed (or employer)	with valular disast
9 BIR (Sta	ate or country)	(Duration) yrs. mos. ds
TIS	11 BIRTHPLACE OF FATHER 12 BIRTHPLACE OF FATHER	(Signed) (Duration) yrs. mos. ds
PARENTS	12 MAIDEN NAME OF MOTHER Maria Cultony	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
- 10	IS BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) OF THE SECTION OF THE SE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) At place At place of death yrs, mos, dt. State yrs, mos, dt. Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) Edilson	10 PLACE O BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS

STATE OF MICHIGAN TO TO ATM Department of State-Division of Vital Statistics. CERTIFICATE OF DEATH-LOCAL REGISTER Township or Registered No Village [If death occurred in City Ward) a hospital or institution, give its NAME instead give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR F 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED (Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 191 to. (Year) that I last saw h alive on TAGE If LESS than and that death occurred, on the date stated above, at or. 8 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) (Duration) Contributory..... 10 NAME OF FATHER (SECONDARY) 11 BIRTHPLACE PARENTS OF FATHER (State or county 12 MAIDEN NAME OF MOTHER State the DISEASS CAUSING DEATH, or in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 13 BIRTHPLACE S LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR OF MOTHER (State or country) At piace In the State -14 THE ABOVE IS TRUE TO Where was disease contracted, if not at place of death?-Former or (Informant) usual residence (Address)

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Township or Chelsea or	ment of State—Division of Vital Statistics. TOF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No
FULL NAME Thrist	ina funklainder st.; Ward) a hospital or institution give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remule While (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
Month) (Month) (Month) (Month) (Day) (Year) 7 AGE 18	I HEREBY CERTIFY, That I attended deceased from
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 MAIDEN NAME OF MOTHER (STATE OF MOTHER)	(SECONDARY) (Signe) (Signe)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. di Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE BUBIAL OR REMOVAL DATE OF BURIAL
Filed Duly 6. Who Saud	Jundertake Grove 12/26, 191 & ADDRESS LELEN

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	STATE OF MICHIGAN ent of State—Division of Vital Statistics. OF CERTIFICATE OF DEATH—LOCAL REGISTER
Township or Chelsea,	Registered No. 38
FULL NAME Claron	St.; Ward) St.; Ward) St.; Ward) St.; Ward) Sulfation, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mula COLOR OR RACE SINGLE. MARRIED. While OR PROPERTY OF THE	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
1/2 846	1) er 16, 1916, to Dec 23, 1916,
7 AGE (Monty) (Day) (Year)	that I last saw handlive on 23, 195,
1 day,hrs.	and that death occurred, on the date stated above, at
yrs, mes. Z ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Cerebral Copleyy
(b) General nature of industry, business, or establishment in which employed (or employer)	7.34
State or country) Mich.	(Duration) yrs. mos. ds.
10 NAME OF William Burkho	Contributory (Directon) mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) Les Walnus, M. D.
12 MAIDEN NAME OF MOTHER Sand Made	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Much	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(Informant) Munson Durkhol	of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chilacus	Dake Groot DATE OF BURIAL TO DATE OF BURIAL
Filed New 28, 1916. WH Registran	Sa Mapes Chelane

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PLACE OF DEATH	STATE OF MICHIGAN
County Chilsea Depart	ment of State—Division of Vital Statistics.
Township or Village (Ruber)	Registered No. #8
FULL NAME Minery	St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hunale Wales (Write the word)	10 DATE OF DEATH (Month) (Day) (Year
7 AGE (Month) (Day), 1842 (Month) (Day), (Year) 7 AGE 7 AGE 7 4 yrs. 10 mos. 3 3 or min.?	and that death occurred, on the date stated above, and the CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Milial mafferen
10 NAME OF FATHER Kinny Geddes	Contributory (Secondary) (Duration) yrs. mos. d
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 DIMY KNOWLEDGE	*State the Disease Causing Death, or in deaths from Violent Causes, sta (1) Means or Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs, mos, dt, State yrs, mos, dt Where was disease contracted,
(Address) Chelses (Address) Chelses Filed Dev 29, 196, WRDave REGISTRAR	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL OUNDERTAKER MACHINE ADDRESS Cheline

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MARGIN

Township or Village or City (No.	Registered No
FULL NAME AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
TAGE Tobrusary 6, 186/ (Month) Tage The LESS that I day, hrs. S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry.	250
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs, mos, & ds.
10 NAME OF FATHER Casper Winter 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) A (Duration) yrs mos. ds. (Signed) A (M. D. M. D. State the Disease Causing Death, or in deaths from Violent Causes, state (1) Mpc%s of Industry; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Kenry Unites.	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelaca Meil	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Chelson

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STATE OF MICHIGAN Department of State-Division of Vital Statistics. Township NSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER or Village or Registered No. City (No [If death occurred in a hospital or institution. .Ward) give its NAME instead FULL NAME of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX COLOR OR RACE SINGLE. 16 DATE OF DEATH MARRIED. OR DIVORCED Merrey DATE OF BIRTH (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Months) (Day) (Year) 7 AGE that I last saw handalive on ... If LESS than UNFADING I dayhrs or min.? The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (Duration) mos 10 NAME OF Contributory. FATHER (SECONDARY) 11 BIRTHPLACE OF FATHER (Signed) (State or country) 12 MAIDEN NAME ANENT RECORD OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 13 BIRTHPLACE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR OF MOTHER (State or country At place 14 THE ABOVE IS TRUE TO THE BEST OF MY In the KNOWLEDGE of death ... mos. ... do. State _ yrs, mos, Where was disease contracted, if not at place of death? (Informant) Former or usual residence

19 PLACE OF BURIAL

UNDERTAKER

OR REMOVAL

DATE OF BURIAL

ADDRESS

RENTS

(Address)

FOR

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County Des	STATE OF MICHIGAN partment of State—Division of Vital Statistics.
Township TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
51 7	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
* DATE OF BIRTH Dev 29, 18	that I last saw he alive on 1917 and that death occurred, on the date stated above, at 1918
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Cubral apoplery
BIRTHPLACE (State or country)	(Duration) yrs. mos. d
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	Contributory (SECONDARY) (Duration) yrs. mos. do (Signed) M. I (Address) M. I (Signed) ISI (Address) OBJATH, or in deaths from Violent Causes, state of Injuny; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, O RECENT RESIDENTS) At place of death yrs, mos, dt. State yrs, mos, dt. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chellegae File Mar 4, 1817, 9/Phase Regis	20 UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 93-6-14-1000 bks.-100 pp.

County Wash Leval Departs	STATE OF MICHIGAN TO BOATS
Township or Village or City (No.	Registered No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED,	16 DATE OF DEATH Mar 12, 1917
DATE OF DIRTH 1	(Menth) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 15 1910, to 1911, that I last saw healive on 1911, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:
(State or country) Children Mech	(Duration) yrs. mos. ds.
10 NAME OF FATHER JOINGUL & GILBERT (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER	(Signed) (Duration) yrr. mos. ds. (Signed) (Address) (Address) (Signed) (Address) (Ad
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Cheefsed 15 Filed Mar/6, 1917, REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS

County Washlenge Departm	STATE OF MICHIGAN ment of State—Division of Vital Statistics.
	Registered No. St.; Ward) St.; Ward) St.; Ward) A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED SUIGH (Write the word)	Month (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than I day,	I HEREBY CERTIFY, That I attended deceased from Mul. (2, 1917, to May 22, 1917 that I last saw be easily on May 22, 1917 and that death occurred, on the date stated above, at m
s OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH * was as follows:
(State or country) Children Marify	Contributory Carlarch Baules
10 NAME OF FATHER Les Mendeins 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY RAUL	(Signed) (Dusation) yrs. mos. ds (Signed) , M. D
13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Maris Maul 13 BIRTHPLACE OF MOTHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place
(Informant)	of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chilades 15 Mi 21 M MAN.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May had Mich. May J. 191
Filed Mar 2:31 Mulle	Jan Chillian Chiliane

Form 93-6-14-1000 bks.-100 pp.

	waship MITALOTA JANGE MYANG TRANSCRIPT	OF CERTIFICATE OF DEATH-LOCAL REGISTER
	or Chelsed	Registered No.
here	or	[If death occurred in
Cit	FULL NAME Marcha	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	COLOR OR RACE COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Month) (Day) (Year)
DA	TE OF BIRTH STORMER I SERT WHITE DO YEARSH I	11 I HEREBY CERTIFY, That I attended deceased from
	1834	Mar 26, 1917, to Mar 26, 1917
13	(Month) (Day) (Year)	that I last saw h alive on Man 26, 191
AG	If LESS than	1 ALM 223-10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	yrsds. <u>or</u> min.?	The CAUSE OF DEATH * was as follows:
(2)	CUPATION Trade, profession or	
(a) I rade, pression or particular kind of work (b) General nature of industry,		Веше Дзико
bus	iness, or establishment in	(August in the control of the contro
whi	ch employed (or employer)	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH
BIF	ATHPLACE ate or country)	(Duration) yrs. mos. ds
BIF	THPLACE 77 /	Contributory (SECONDARY)
BIF (St	ITHPLACE ate or country) 10 NAME OF	Contributory (Secondary) (Duration) yrs, mos. ds (Signed) , M. D
BIF (St	11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	Contributory (SECONDARY) (Duration) yrs. mos. ds
BIF (St.	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Is Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the
PARENTS	11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 15 16 17 18 18 19 19 19 10 10 10 10 11 11 12 13 13 14 15 15 16 17 16 17 18 18 18 18 18 18 18 18 18	Contributory (SECONDARY) (Signed) (Signed) (Signed) (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)

Co	61	STATE OF MICHIGAN nent of State—Division of Vital Statistics.
To: Vil	wnship TRANSCRIPT or lage or	Registered No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 se	MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Month Day 191
(a) part (b) busi	(Month) (Day) (Year) E	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:
9 BIR	ATTHPLACE ate or country) May Gark	(Duration) yrs, mos, ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs. mos. ds. (Signed) , 191 (Address) , M. D. *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Indust; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE formant) Mass Cartillas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15 Fill	ed Mar 30, 1917. W. P. Dauck REGISTRAR	19 PLACE OF BERIAL OR REMOVAL BATE OF BURIAL 20 UNDERTAKER Maps ADDRESS ADDRESS LULAUR

	STATE OF MICHIGAN	
County Mashlinall Departm	ent of State—Division of Vital Statistics.	
Township TRANSCRIPT or Village	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.	
or	[If death occurred in	
City (No. St.; Ward) a hospital or institution, give its HAME instead of street and number.] 2 FULL NAME (Land) (Lan		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Males While Write the word Kerried	Day), 1917	
DATE OF BIRTH March 12,1865	I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	that I last saw he alive on Mary, 191,	
J2 yrs 0 mos S ds or min.?	and that death occurred, on the date stated above, at	
* OCCUPATION	The CAUSE OF CHAIR was as follows.	
(a) Trade, profession or particular kind of work (b) General nature of industry.	and brusels	
business, or establishment in which employed (or employer)	V + IMAGE	
(State or country) (State or country)	(Duration) yrs, mos. ds.	
10 NAME OF James Trouten	(SECONDARY) (Duration) yrs. mos. ds.	
OF FATHER (State or country)	(Signed) Address) Chelesa	
12 MAIDEN NAME Margaret Kabes	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) Dieland.	IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,	
(Information) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence	
(Address) Chickers	Lak Love Mar 23,191	
Filed Mar 26 1917 W. K. War	20 UNDERTAKER Makes Chelsea	

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MICHIGAN	
County Hash Departm	Wash Department of State—Division of Vital Statistics.	
	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.	
°FULL NAME	St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S SEX COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the work)	16 DATE OF DEATH (Month) (Day) (Year)	
ODATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
Upr 2 18HH	(pr 2, 1917, to (pr 22, 1917)	
(Month) (Day) (Year)	that last saw ha alive on 22, 1917,	
13 _ 0/ I day,hrs.	and that death occurred, on the date stated above, at	
yrs, mos, ds, or min.?	The CAUSE OF DEATH * was as follows:	
S OCCUPATION (a) Trade, profession or	Certical apoplary	
particular kind of work (b) General nature of industry,		
business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country)	(Duration) yrs mos ds.	
10 NAME OF FATHER Cultural Water	Contributory (SECONDARY) (Duratign) mos. ds.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	(Signed) 2 (Address) Chelana	
THE MAIDEN NAME OF MOTHER STATE STATE STATE OF MOTHER	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death	
(Informant) Thankers Kreez	Former or usual residence	
(Address) Chelega,	19 PLACE OF BURIAL OR BOMOVAL DATE OF BURIAL CALL 197	
Filed apr 2317 W. A. Kerrell REGISTRAR	SO UNDERTRIER States ADDRESS Chelace	

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PLACE OF DEATH	STATE OF MICHIGAN
County Hashlenall Depar	tment of State—Division of Vital Statistics.
Township or Chulsea,	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No
city FULL NAME folial :	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maly while on property of (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) AGE If LESS th	that I last saw hill alive on 1 17 1917
5 8 yrs. 3 mos. ds. Or min.	
S OCCUPATION (a) Trade, profession or particular kind of work	filmo nay luberelous
(b) General nature of industry, business, or establishment in which employed (or employer)	
(State or country) Germany	(Duration) yrs, mos, ds.
10 NAME OF Gro Davel	(SECONDARY) (Dustion) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) U 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. Chelsea.
of Mother risling frown	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER (State or country) Germany.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Mrs fro Seel	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Julies Mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 3, 1912, St. A. Dance	20 UNDERTAKER ADDRESS

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	PLACE OF DEATH	STATE OF MICHIGAN	
C	County Washlinau Department of State-Division of Vital Statistics.		
	Township or Chilses Registered No.		
Ci	ty(No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead	
	FULL NAME YEgin	Cakip of street and number.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
20	nald albino (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)	
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
	,1893	Lune 24, 191, to 191	
7 AC	(Month) (Day) (Year)	that I last saw h alive on 191	
LII.	19 _ I day,hrs.	and that death occurred, on the date stated above, at	
8 00	yrs, mos, ds, <u>Or</u> min.?	The CAUSE OF DEATH * was as follows:	
(a pai	Trade, profession or reticular kind of work General nature of industry, siness, or establishment in ich employer ich employed (or employer)	Struck For run over by	
9 811	RTHPLACE (ate or country) (1) rhey.	severed from (Duration) - Lynn mos. ds.	
7	10 NAME OF ENKNOW	Contributory (SECONDARY) (Defration) VIS. (Ros. dt	
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed) Walherall fretient D.	
PARI	12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
_	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the	
	nformant) Lio V. Jeaffan	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence	
15	(Address) Jula Mich	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
FII	expely 3, 197. It P. Daulle REGISTRAN	20 UNDERTAKER LOS LOS LANDBESS Chelaca	

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	STATE OF MICHIGAN ent of State—Division of Vital Statistics.	
Township TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No	
or City St.; Ward) FULL NAME Cuhard Monks [If death occurred a hospital or institute give its NAME in or street and number of stree		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	DATE OF DEATH (South) (Day) (Year)	
Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than I dayhrs. Ormin.? 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 (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (Region of MOTHER) (Month) (Year) 13 LESS than I dayhrs. Ormin.?	I HEREBY CERTIFY, That I attended deceased from 1915, to 1917, 191	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds Where was disease contracted, if not at place of death? Former or usual residence	
Filed Killy 7, Manual REGISTRAR	JUNDERTAKER Staffan Chelse	

STATE OF MICHIGAN TO TO TO TO PLACE OF DEATH Department of State-Division of Vital Statistics. County TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No Village or [If death occurred in City .Ward) a hospital or institution, give its NAME instead RECORD of street and number. endmuse hote learning to MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) (Year) That I attended deceased from DATE OF BIRTH (Month) (Day) (Year) that I last saw he alive on TAGE If LESS than and that death occurred, on the date stated above, at or The CAUSE OF DEATH * was as follows: S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... 10 NAME OF (SECONDARY) FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME * State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state OF MOTHER (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 13 BIRTHPLACE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country) At place In the of death yrs, mos. ds. State _ 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted. if not at place of death? -Former or usual residence 19 PLACE OF BURIAL OR REMOVAL UNDERTAKER REGISTRAR

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PLACE OF DEATH WOLM TO IT	STATE OF MICHIGAN
County Washlenaul Depart	rtment of State—Division of Vital Statistics.
Township TRANSCRIP	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
or or	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Mary	Keller of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale While (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Och 3,183	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year	that I last saw in the date stated above, at 12 m
8 OCCUPATION 4	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Variation of the second
(b) General nature of industry, business, or establishment in which employed (or employer)	Acour American
(State or country)	(Duration) yra, mog. dd
10 NAME OF JUKNEWY	Contributory (SECONDARY) (Puration) yrs, mos, di
O 11 BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) , M. D. , M.
T 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) At place of death vrs
(Informant) Musica Wood	of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsea,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 191
Filed Sept 5, 1917. W. Dance	JUNDERTAKER Mabes ADDRESS

STATE OF MICHON

PLACE OF

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MARGIN RESERVED FOR BINDING

or Chelsia	OF CERTIFICATE OF DEATH—LOCAL R	ered No.
°FULL NAME Frances	St.; W	[If death occurred in a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day), 191
DATE OF BIRTH	I HEREBY CERTIFY, That I a	
(Month) (Day) (Year) 7 AGE If LESS than I day,	and that death occurred, on the date s The CAUSE OF DEATH * was as fo	tated above, at
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)		
10 NAME OF FATHER SALES	Contributory (SECONDARY) (Duration)	
II BIRTHPLACE OF FATHER (State or country) U 12 MAIDEN NAME 13 MAIDEN NAME	(Signed)	, M. D
of Mother aumena Crace	*State the Disease Causing Death, or in dea (1) Means of Injury; and (2) whether Accidental, 8	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, RECENT RESIDENTS) At place In the of death yrs, mos, ds. State Where was disease contracted, if not at place of death? Former or usual residence	INSTITUTIONS, TRANSIENTS, OI
(Address) Chelang	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Och 4, 1917 MRDand	20 UNDERTAKER	ADDRESS

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

'PLACE OF DEATH	STATE OF MICHIGAN
County Mashlenall Departs	ment of State—Division of Vital Statistics.
Township Seffer TRANSÉRIPT OF Chilles Chilles	r of certificate of death—local register Registered No. 23
City (No.	St.; Ward) St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
temale while (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
© DATE OF BIRTH 2 1839	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE If LESS than I day,	that I last saw h A slive on Oct 10 1917
S OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.
10 NAME OF Willeam Rephensen	(SECONDARY) (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) . M. D. M. D. Chelsea Meich
L 12 MAIDEN NAME OF MOTHER CANADALL	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(Informant) Get Weekeer	of death yrs mos. ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsee .	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL September Center Det 13, 1917
Filed Jos 4, 191 2 Milauch	20 UNDERTAKER ADDRESS Chelera Here

PLACE OF DEATH	STATE OF MICHIGAN
County	ment of State—Division of Vital Statistics.
Township TRANSCRIPT or Village or City (No	Registered No
FULL NAME	Shiridi give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 28, 1917. (Month) (Day) (Year)
Date of BIRTH Och 28,917	I HEREBY CERTIFY, That I attended deceased from 191
(Month) (Day) (Year) 7 AGE If LESS than I day, hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry,	that I last saw h alive on 191
business, or establishment in which employed (or employer)	
(State or country)	(Duration) yrs. mos. ds.
O) 11 BIRTHPLAGE OF FATHER 11 BIRTHPLAGE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER	Contributory (SECONDARY) (Duration) (Signed) (Signed) (Address)
of MOTHER Clase Affined	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
(Address) Sellie '	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 191
FIIO JOS 4, 1917, WR. Daniel	20 UNDERTAKER ADDRESS
REGISTRAR	

STATE OF MICHIGAN Department of State-Division of Vital Statistics. County ANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Township or Village Registered No. or [If death occurred in City Ward) a hospital or institution, give its NAME instead RECORD of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH BINDING MARRIEO. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) (Year) DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) that I last saw h alive on FOR 7 AGE If LESS than 1 day,hrs. min.? The CAUSE OF DEATH * was as follows: 8 OCCUPATION SERVED (a) Trade, profession or particular kind of work (b) General nature of industry. business, or establishment in , / which employed (or employer) 9 BIRTHPLACE ĕ (State or country) 2 Contributory 10 NAME OF MARGIN (SECONDARY) FATHER 11 BIRTHPLACE RENTS OF FATHER (State or country)191...... (Address) 12 MAIDEN NAME OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 13 BIRTHPLACE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR OF MOTHER RECENT RESIDENTS) (State or country) At place of death yrs. mos. ds. In the State __ 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, if not at place of death? Former or (Informant) usual residence --19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) UNDERTAKER ADDRESS REGISTRAR

MARGIN RESERVED FOR BINDING

Departm	STATE OF MICHIGAN
Township or Village	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 26
°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	MEDICAL CERTIFICATE OF DEATH
Lemale While (Write the word)	(Month) (Day) (Year)
ODATE OF BIRTH (Month) (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE If LESS than I day, hrs. Or min.? S 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) 10 NAME OF FATHER (AAAA) Casselg	I HEREBY CERTIFY, That I attended deceased from 191, to 26, 191, that I last saw hellalive on 28, 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.
II BIRTHPLACE OF FATHER (State or country) U E OF MAIDEN NAME OF MOTHER	(Signed) Julian Wagdon, M. D. (Address) McCollege (M. D.
ME 12 MAIDEN NAME OF MOTHER PARTY PA	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Clubeca Filed Delle, 197. M. Registran	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS Chulsua

RECORD

Department of State-Division of Vital Statistics. County TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Village Registered No .. or [If death occurred in City .. No. .Ward) a hospital or institution. give its NAME instead RECORD of street and number.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH BINDING MARRIED. WIDOWED. OR DIVORCED (Write the world (Menth) (Day) (Year) DATE OF BIRTH 17 I HEREBY CERTIFY. That I attended deceased from (Month) (Day) (Year) FOR 7 AGE If LESS than and that death occurred, on the date stated above, at 1 day hrs. or The CAUSE OF DEATH * was as follows: ESERVED 8 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) (Duration) yrs. mos R 10 NAME OF Contributory. MARGIN FATHER (SECONDARY) (Duration 11 BIRTHPLACE ENTS (Signed) OF FATHER (State or country) œ 12 MAIDEN NAME OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 13 BIRTHPLACE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR OF MOTHER RECENT RESIDENTS) (State or country) At place In the of death yrs. mos. ds. State ____ yrs. TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted. if not at place of death? (Informant). usual residence -19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 TO UNDERTAKER ADDRESS

REGISTRAR

STATE OF MICHIGAN

PLACE OF DEATH

PLACE OF DEATH	STATE OF MICHIGAN	Ab anti-par
County Nashlenael Depart	ment of State—Division of Vital Stat	istics.
Township or Village helsea	OF CERTIFICATE OF DEATH—LOCAL	register
or		[If death occurred in
FULL NAME	Jusaling	ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Sex COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR OF OWNER OWNER OF OWNER OWNE	16 DATE OF DEATH (Month)	(Day), 1912 (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I	attended deceased from
, 1854	, 191, to	, 191,
(Month) (Day) (Year)	that I last saw h alive on	, 191,
7 AGE If LESS than		stated above, atm
93 yrsds. <u>or</u> min.?	The CAUSE OF DEATH * was as	follows
8 OCCUPATION	IN CAUSE OF DEATH WAS AS	onows.
(a) Trade, profession or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer) Meahle Walch		
BIRTHPLACE (State or country)	(Duration)	yrs mos ds.
10 NAME OF	Contributory	
FATHER	(SECONDARY) (Duration)	yrs, mos, ds.
U) 11 BIRTHPLACE	(Signed)	, M. D
O 11 BIRTHPLACE OF FATHER (State or country) U 12 MAIDEN NAME		
Y 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or in (1) Means of Injury; and (2) whether Accidental	leaths from Violent Causes, state
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS RECENT RESIDENTS) At place In th	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State Where was disease contracted, if not at place of death?	yrs, mos, ds
(Informant) Seo (plassar	Former or usual residence	
(Address) Melfisat	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15		, 191
Filed Dec 27 1917 Whatasers	20 UNDERTAKER	ADDRESS

PLACE OF DEATH HOLM TO HTA	STATE OF MICHIGAN
County / Depart	ment of State—Division of Vital Statistics.
Township TRANSCRIPTOR OF VIllage OF CONTROL	T 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.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male when (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) 11 BIRTHPLACE** OF FATHER* 12 MAIDEN NAME OF MOTHER* 12 MAIDEN NAME OF MOTHER* (State or MOTHER* 13 MAIDEN NAME OF MOTHER* (State or MOTHER*	and that death occurred, on the date stated above, at
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Filed Filed Filed Files Fil	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *Stength of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence **Department** *Department** *

PLACE OF DEATH	STATE OF MICHIGAN
County Hash Departs	ment of State—Division of Vital Statistics.
Township TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
Village or (No.	St: Ward) a hospital or institution,
FULL NAME Just Sa	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female whole Single, MARRIED. WIDOWED. OR DIVORGED Wildow (Write the word)	(Month) (Day) (Tear)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
My 15, 1848	191, to flash (a , 191
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h Malive on Address 191
69 vrs. 2 mos. ds. or min.?	
8 OCCUPATION	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Control of the back of the bac
(b) General nature of industry, business, or establishment in which employed (or employer)	
State or country) May Gark	(Duration) yrs mos ds.
10 NAME OF FATHER 1. Duils	Contributory (SECONDARY) (Duration) yrs, mos, dt.
11 BIRTHPLACE OF FATHER (State or oountry) 12 MAIDEN NAME OF MOTHER	(Signed) , M. D. , M.
Y ANDEN NAME OF MOTHER THE STATE OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Must Gork	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the of death
(Informant) Phrs Ray Harris	Where was disease contracted, if not at place of death? 2. Former or usual residence
(Address) Chelsea Mich	
Filed Hand 208 MR Dance	O UNDERTAKER ADDRESS Chelson

STATE OF MICHIGAN Department of State-Division of Vital Statistics. County TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township of= Village Registered No. or [If death occurred in CityWard) a hospital or institution, give its NAME instead of street and number.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH BINDING MARRIED. WIDOWED. OR DIVORCED (Write the word) (Menth) (Day) (Year) ODATE OF DIRTH 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) that I last saw helealive on..... 7 AGE If LESS than and that death occurred, on the date stated above I day,hrs. or min.? The CAUSE OF DEATH * was as follows: ED 8 OCCUPATION Cerebral (a) Trade, profession or particular kind of work SERV (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE RE (State or country) (Duration) yrs, mos, ds. Contributory... 10 NAME OF MARGIN FATHER (SECONDARY) (Duration) 11 BIRTHPLACE RENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 13 BIRTHPLACE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR OF MOTHER RECENT RESIDENTS) (State or country) At piace of death yrs. mos. ds. State -14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted. if not at place of death? Former or (Informant)..... usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

REGISTRAR

PLACE OF DEATH

UNFADING

RESERV

BINDING

PENT RECORD

PLACE OF DEATH	STATE OF MICHIGAN
County Wash Departm	nent of State—Division of Vital Statistics.
	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No
or	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH 8, 1918
** DATE OF BIRTH 2 8, 1 918	(Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE 1	that I last saw h walive on 2/8, 1918, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. dd
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Contributory
13 BIRTHPLACE	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place In the of death yrs. mos. dt. State yrs. mos. dt. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsea-	19 PLACE OF BURIAL OR REMOVAD DATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAR

MARGIN

RES

I

PERMANENT RECORD

	TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Vil	wiship or Callina or Callina or V. (No.	Registered No
	FULL NAME Bless	M. Half
	PERSONAL AND STATISTICAL PARTICULARS	
SE /Z	COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 /4, 1918 (Month) (Day) (Year
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
no.	Month (Day) (Ye	8 Manyaro191 to 191
7 AG	Ca 1 day,	hrs. and that death occurred, on the date stated above, at 6
	8 0 yrs. ds. <u>or</u> m	The CAUSE OF DEATH was as follows:
- 00	CUPATION	
(b)	Trade, profession or ticular kind of work	e Interest the phase
(b) but wh	General nature of industry.	(Duration) yrs. mos. d
(b) but wh	General nature of industry, intest, or establishment in inch employed (or employer)	Contributory
par (b) bus wh 9 Bis (St	ticular kind of work General nature of industry, iness, or establishment in ich employed (or employer) RTHPLACE ate or country) 10 NAME OF	(Duration) yrs, mos, d Contributory (SECONDARY) (Duration) yrs, mos, d (Signed) , M. [
par (b) bus wh	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 BIRTHPLACE OF FATHER 13 BIRTHPLACE OF FATHER 14 BIRTHPLACE OF FATHER 25 J	Contributory (SECONDARY) (Duration) yrs. mos. d
PARENTS (St. St. St. St. St. St. St. St. St. St.	General nature of industry, injents, or establishment in ich employed (or employer) RTHPLACE atte 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 ADDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 ADDEN NAME OF MOTHER (State or country) 17 ADDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Duration) yrs, mos, d (Signed) (Signed) (State the Disease Causing Death, or in deaths from Violent Causes, sta (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, State yrs, mos, de
STARRAGE SELVENTE	General nature of industry, injents, or establishment in ich employed (or employer) RTHPLACE atte 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 ADDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 ADDEN NAME OF MOTHER (State or country) 17 ADDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country)	(Duration) yrs, mos, of Contributory (SECONGARY) (Duration) yrs, mos, of (Signed) yrs, mos, mos, mos, mos, mos, mos, mos, mo
STARRAGE SELVENTE	10 NAME OF FATHER CALL MANE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country) 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country) 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Duration) yrs, mos, d (Signed) (Signe

PLACE OF DEATH	STATE OF MICHIGAN
County Jashlenass Departm	nent of State-Division of Vital Statistics.
Township TRANSCRIPT or Relsea	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
or	St.; Ward) St.; Ward) St.; Ward St.; Ward St.; Ward St.; S
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH March 24, 191
ODATE OF BIRTH Overable (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 to 191 and that I last saw had alive on 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and that death occurred, on the date stated above, at 191 and
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Duration) yrs. mos. da (Signed) (Address) (Address) State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Filed Mch 27, 1915, Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March 27, 1918 20 UNDERTAKER Mahes Chelies

C	ounty astileness Depar	STATE OF MICHIGAN tment of State—Division of Vital Statistics.
		T OF CERTIFICATE OF DEATH—LOCAL REGISTER
V	illage (holses or	Registered No.
Ci	ity day	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	male Thil Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 D	(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from
7 A	GE If LESS than	
	yrs	and that death occurred, on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a pa	CCUPATION) Trade, profession or rticular kind of work	Fractions of James
wh	siness, or establishment in nich employed (or employer)	
(St	tate or country)	(Duration)
	10 NAME OF PATHER Unker and	Contributory (SECONDARY) (Duration) VIS. MOS. 44
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maknown	(Signed) yrs. mos. ds.
PAR	12 MAIDEN NAME OF MOTHER UNKNOWN	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENS) At place
	formant)	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) Abelsia Migh	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1918
Fil	ed Spelat 1918, Maryon REGISTRAR	20 UNDERTAKER Mapres ADDRESS Chilas

MARGIN RESERVED FOR BINDING

PLACE OF DEATH HOLM HO HTA	STATE OF MICHIGAN
County Jashlewaw Departs	ment of State-Division of Vital Statistics.
Township or Village helses or	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 13
FULL NAME Mary	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Afril (Month) (Day) (Year)
DATE OF BIRTH March 17, 1880	" HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 1 If LESS than 1 day,hrs.	that I last saw had alive on Africa, 1918, and that death occurred, on the date stated above, at
S OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Tuberculosis of bowls
(State or country) (Semmyloania)	(Duration) yrs. mos, ds.
10 NAME OF Julian Uperaft	(SECONDARY) (Duration) yrs, mos, ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MOTHER 15 MOTHER 16 MOTHER	(Signed) , M. D. H. 17, 1918 (Address)
Janey Jugoy	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(Informant)	of death
(Address) Chelsen Much	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Filed REGISTRAR	20 UNDERTAKER Mafres Chelses

	PLACE OF DEATH HOLM TO STATE	STATE OF MICHIGAN
C	ounty / fashlenau Departs	ment of State—Division of Vital Statistics.
T	ownship TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
v	illage halsa	Registered No. 114
C	ty (No.	St.; Ward) [If death occurred is hospital or institution give its NAME instead
	FULL NAME Sonald	Jagadon of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Mrite Single, MARRIED, WIDDWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	January 25 1917	April 15 1918 to April 20, 1918
	(Month) (Day) (Year)	that I last saw hand alive on Ahril 19 1918
7 A	If LESS than	I com test to
	yrs mos 29 ds or min.?	and that death occurred, on the date stated above, at 2 m
8 00	CCUPATION	The CAUSE OF DEATH * was as follows:
(a pa	Trade, profession or ticular kind of work	moncha fineumonia
Du:	General nature of industry, iness, or establishment in ich employed (or employer)	
9 BII	RTHPLACE ate or country) Michigan	(Duration) yrs mos, ds.
	10 NAME OF SOLERA TO A SOLERA	Contributory(SECONDARY)
RENTS	11 BIRTHPLACE OF FATHER (State or country) Michigan	(Signed) yrs. mos. ds.
PAR	12 MAIDEN NAME OF MOTHER Mabel Tester	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Muchigan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 Th	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.
(In	formant) Robert Hagadon	Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) Chelcia, Mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	od Spl. 94, 1918, St. Doyd	20 UNDERTAKER Maples Sheelsea

PLACE OF DEATH HOLM TO STAT	STATE OF MICHIGAN
County lashtanam Depart	ment of State-Division of Vital Statistics.
Township or Village Chelsea	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 15
FULL NAME Taby	St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
© DATE OF BIRTH ### 23, 1918 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from April 23, 1918, to April 23, 1918, that I last saw ham alive on April 23, 1918
7 AGE If LESS than I day, 2 hrs. yrs. mos. ds. Or min.?	and that death occurred, on the date stated above, atm.
5 OCCUPATION	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Lived 12 hours No cause
(b) General nature of industry, business, or establishment in which employed (or employer)	birth
(State or country) Muchinau	(Duration) yrs. mos, ds.
10 NAME OF Leorge Tuell	(SECONDARY) (Duration) vrs mos de
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) M. D. M.
of MOTHER Miss Namilton	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelses Much	20 UNDERTAKER Makes Chelsen

Form 93-0-14-1000 bks,-100 pp.

PLACE OF DEATH	STATE OF MICHIGAN
County Mashlenan Departm	nent of State—Division of Vital Statistics.
or Chelsea	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No
°FULL NAME Villian	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male That Single, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 20, 1834 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from Afril 1, 1918, to afril 3, 1918, that I last saw h far alive on afril 3, 1918.
7 AGE 83 yrs. mos. ds. if LESS than i day, hrs. or min.?	and that death occurred, on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Cerebral aproplexy
9 BIRTHPLACE (State or country) New York	(Duration) yrs. mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 (State or country)	Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER arah Currming	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsed Mich	DATE OF BURIAL OR REMOVAL Chales DATE OF BURIAL GUERNAME Connection to Address Address Address
REGISTRAR	Test. Stoffan Chelsea

PLACE OF DEATH	S	TATE OF MICHIGA	N				
County /a salar aw	Departmen	nt of State—Division of Vital	Statistics.				
Township or Chelsea	TRANSCRIPT OF	F CERTIFICATE OF DEATH—LO	CCAL REGISTER Registered No.				
or City(No.	St.;	[If death occurred a hospital or institution				
FULL NAME	Olice	Howe	give its NAME instet of street and number.]				
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFI	CATE OF DEATH				
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVOR (Write the	Vingle	DATE OF DEATH MA	3 , 191 Month) (Day) (Year				
TAGE (Month) (Day) (Year) TAGE If LESS than I day, hrs. or min.?		I HEREBY CERTIFY, That I attended deceased from 1918, to 29, 1918 that I last saw he alive on 2, 1918 and that death occurred, on the date stated above, at 2, 1918 The CAUSE OF DEATH * was as follows:					
				(b) General nature of industry, business, or establishment in which employed (or employer)			/
				BIRTHPLACE (State or country) Chelsea M	Wieh -	(Duration	on) yrs, mos, d
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 M. C.		Ontributory (SECONDARY) (DURati	on) yrs, mos, ds				
		Signed) Jeoff Jal	Chelsa Much				
		*State the Disease Causing Death, of Means of Injury; and (2) whether Acci	r in deaths from Violent Causes, stat				
13 BIRTHPLACE OF MOTHER (State or country) Much		LENGTH OF RESIDENCE (FOR HOS RECENT RESIDENTS)	In the				
(Informant) (Informant)	out H	f death yrs. mos. ds. Where was disease contracted, not at place of death? ormer or sual residence	State yrs do				
(Address) Chelsea Mich		PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL				
Filed June 4, 1918 1916	Toyd 20	UNDERTAKER	ADDRESS				
	REGISTRAR						

Ferm 93-0-14-1000 bks.-100 pp.

PLACE OF DEATH HOIM HO BIAT	STATE OF MICHIGAN
County Departr	ment of State-Division of Vital Statistics.
Township or Village Steels 1	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
or City No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male That Single, MARRIED, WIDOWED, OR DIVORCED (Write the word) Carrier	16 DATE OF DEATH May (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h walive on May 2, 1918.
7 AGE If LESS than day,	and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Valvular desease of
9 BIRTHPLACE (State or country) Clace Lorraine	(Duration) yrs, mos, ds,
10 NAME OF FATHER Trank Staffan	(Secondary) (Duration) yrs. mos. ds.
The state of country of sace for acree of mother of moth	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Closee Lorace	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(Informant) Les , Salar	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsen Allich	DATE OF BURIAL OR REMOVAL Chelsea Much May 7, 191
Filed Carrell, 191. REGISTRAR	Led, Staffan Chelsea Ellier

County Castalana Depar	STATE OF MICHIGAN the the thick of State—Division of Vital Statistics.
Township or Cholsea	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No
°FULL NAME Adelia	St.; Ward) The Marker of Street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORGED (Write the word)	Month) (Day) (Year)
ODATE OF BIRTH (Month) (Day) (Year) TAGE S TO Month OF Min.	that I last saw hall alive on and that death occurred, on the date stated above, at me.
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country)	(Duration) yrs, mos, ds.
O) 11 BIRTHPLACE OF FATHER (State or country) 12 NAME OF FATHER A muel Molnnes (State or country)	Contributory (SECONDARY) (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) W W MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ora Marlin	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsen Ulich 15 Filed June 4, 1918 A Boyd REGISTRA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 8, 191

County Dept	STATE OF MICHIGAN artment of State—Division of Vital Statistics.
County	Registered No.
or	St.; Ward) St.; Ward) a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale COLOR OR RACE Single, MARRIED, WIDOWED, OR DIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
OATE OF BIRTH (Month) (Day) (Year AGE If LESS 1	that I last saw here alive on the same and same and same alive on the same alive of the same alive on the same alive on the same alive on the same alive on the same alive of the same alive on the same alive of the same alive on the same alive of
s OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER Annuel Cumper 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory (SECONDARY) (Duration) yrs. mos. ds (Signed) (Signed) (Signed)
2 12 MAIDEN NAME OF MOTHER OLIZAbech, Man	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelelas Much	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL June 30. 1918
Filed June 1918 Mayor	20 UNDERTAKER ADDRESS

MARGIN RESERVED FOR BINDING

	PLACE OF	DEATH	Departn	STATE OF MICHIGAN ment of State—Division of Vital St.	atistics.
Co	unty		A 10 10 111 111	No. To be a series of the seri	
, and a second	or Clase	e au	TRANSCRIPT	OF CERTIFICATE OF BEATH—LOCA	ristered No.
i landor span til		St.; Ward) [If death occurred a hospital or institution of street and number of street and n			
-	PERSONAL AND	STATIST	ICAL PARTICULARS	MEDICAL CERTIFICAT	'E OF DEATH
3 SE	1 COLOR	OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	, 191
6 DA	TE OF BIRTH	Carrier .	15,1839	17 I HEREBY CERTIFY, That , 191 , to	I attended deceased from
(Month) (Day) (Year) 7 AGE If LESS than I day,hrs. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work		that I last saw h alive on and that death occurred, on the dath the CAUSE OF DEATH * was as	te stated above, atm		
whi 9 BIR	General nature of industry, incess, or establishment in inch employed (or employer)	Teter	ef farmen	(Duration)	yrs, mos, d
-	10 NAME OF FATHER	di.	Merholock	Contributory	yrs, mos, ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		(Signed)	halain lluis		
PA	OF MOTHER	ely	ins Jahous	*State the DISEASE CAUSING DEATH, or in (1) MEANS OF INJURY; and (2) whether ACCIDENT 18 LENGTH OF RESIDENCE (FOR HOSPITA	FAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		RECENT RESIDENTS)	the tte yrs mos di		
15	(Address)	heles	a Much	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
File	ed Jo 19	8,5	REGISTRAR	20 UNDERTAKER	ADDRESS
			REGISTRAR		The state of the s

Form 93 0-14-1000 bk

County ashtenean Depart	STATE OF MICHIGAN ment of State—Division of Vital Statistics.
Township or Village or	T OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 22
FULL NAME J. Noward	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Whote Or DIVORCED (Write the word)	DATE OF DEATH Company Company
Ganciary 39, 1893	I HEREBY CERTIFY, That I attended deceased from, 191, 191,
7 AGE 25 yrs. 5 mos. 20 ds. or min.?	and that death occurred, on the date stated above, at
S OCCUPATION (a) Trade, profession or Advertising Mgr. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Clavelland Shia	The CAUSE OF DEATH * was as follows: Tilled in D. M. C. electric railway wreck about 1//2 mile west of Chelsia Much (Duration) yrs. mos. ds.
10 NAME OF FATHER N. Tettlerman 11 BIRTHPLACE OF FATHER (State or country) Cleveland. Chia 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Duration) yrs. mos. ds. (Signed) (Duration) yrs. mos. ds. (Signed) (Address) (Duration) yrs. mos. ds. (Signed) (Signed) (Signed) (Signed) yrs. mos. ds.
13 BIRTHPLACE OF MOTHER (State or country) Cleocland. Ohio:	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(Informant) 1103 Manual Peterson	At place of death
(Address) Lakewood Chia	Takeword, Shire pely 7st., 1918
Filed July 30, 1918, May & REGISTRAR	Leaf Staffon Thelsea Ulic

PLACE OF DEATH HOLM TO STAT	STATE OF MICHIGAN	
County /ashtenau Department of State-Division of Vital Statistics.		
or Chelsea	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 23	
FULL NAME linifred	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
* COLOB OR RACE MARRIED, WIDOWED, OR DIVORED (Write the word)	16 DATE OF DEATH June 26, 1918 (Month) (Day) (Year)	
**DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 to 191 that I last saw but alive on 191 and that death occurred, on the date stated above, at 191 m.	
S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Troncho preumono fulmonory atelectases	
(State or country) Michigan	(Duration) yrs, mos, ds.	
10 NAME OF Robert Brown	(SECONDARY) (Duration) (Duration) (Duration) (Duration)	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) , M. D.	
12 MAIDEN NAME Horence Jockwood	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) Muchigan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the	
(Informant)	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence	
(Address) Chelses Ellech	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL June 19, 191	
Filed July J. 191 . REGISTRAR	20 UNDERTAKER A. Allahes Shelsen	

County Sashtenau Depar	STATE OF MICHIGAN tment of State—Division of Vital Statistics.
Township TRANSCRIP	T OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No
°FULL NAME Karbld	St.; Ward) [If death occurred in a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mule 5 single, Married, Male Mule 0 pivoresto (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ODATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from 191, 191, 191,
7 AGE 27 yrs. 6 mos. 25 ds. 0r min.?	
S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH * was as follows: Brygness pending
10 NAME OF FATHER OF FATHER	Contributory (SECONDARY)
Of FATHER (State or country) Massachusetts 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed 1 1918 (Address) Profession of Signed 1918 (Address)
Iclendocus Nonovan	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
Filed July 20 1918, Medistran	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MICHIGAN
County Vashlewaw Department of State-Division of Vital Statistics.	
Township Selvan TRANSC or Village or City (No	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
omale the Single, Widowed acrie On Divorce (Write the word)	, 101
DATE OF BIRTH Suguest 21, 1	I HEREBY CERTIFY, That I attended deceased from 191 to 191
7 AGE (Month) (Day) (Y	hrs. and that death occurred, on the date stated above, at
S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Tieled in D. U. R. wreck Enquest Junding
(State or country) Much	(Duration) yrs, mos,
OF FATHER Johnson Sevare 11 BIRTHPLACE OF FATHER (State or country) W C 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs. mos. (Signed) (Signed) (Address) (Address) (M. I) (Address) (M. I) (Mans of Injuny; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place of death
(Informant) Urs Coa Jenzal (Address) annastor Much	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 30, 198, May Register	20 UNDERTAKER Soldan Shelsea

PLACE OF DEATH	STATE OF MICHIGAN
County Depart	ment of State—Division of Vital Statistics.
Township or Village helsea	T OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No
City No.	[If death occurred in
FULL NAME	Deliver
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, OR DIVORCED (Write the world) longle	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
1893	, 191 , to, 191,
(Month) (Day) (Year)	that I last saw h alive on 191,
7 AGE If LESS than day,hrs. ormin?	
SOCCUPATION	The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work	The state of the s
(b) General nature of industry, business, or establishment in which employed (or employer)	mysest perdug
9 BIRTHPLACE (State or country) 2. S. A.	(Duration) yrs, mos, ds,
10 NAME OF ANKNOWN	Contributory (SECONDARY) (Duration) yrs ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signal) V. Mooks Justice of les M. D.
of Mother and	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Suil De Clerck	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) 2130 Narpea as Detrois	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 191
Filed July 30, 1915. REGISTRAR	Lest. Staffan Chelsea

PLACE OF DEATH	STATE OF MICHIGAN
County Jacktenson Depart	tment of State-Division of Vital Statistics.
Township Julian TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER OF VIllage Registered No.	
FULL NAME Joseph,	St.; Ward) St.; ward) Greek and number and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word) surgel	16 DATE OF DEATH (Month) (Day) (Ye
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
(Month) (Day) (Year)	LEGIL HEILER HEI
7 AGE If LESS tha	and that death occurred, on the date stated above, at
yrs,ds. <u>or</u> min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Dequest hending
(State or country)	(Duration) yrs, mos,
10 NAME OF Sevedent Spresca (1) 11 BIRTHPLACE	Contributory (SECONDABY) (Duration) yrs. mos.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) August Cober feld
of MOTHER Marie / Jacretta	*State the Disease Causing Death, or in deaths from Violent Causes, s (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS) At place In the
(Informant)	of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence
(Address) 2 9 11 F 19	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 74, 191
Filed July 30, 1918 M REGISTRAN	20 UNDERTAKER Staffaul ADDRESS

	PLACE OF DEATH STATE OF MICHIGAN				
T	County Washlevan Department of State—Division of Vital Statistics. Township Or Children OF CERTIFICATE OF DEATH—LOCAL REGISTER Village Or Registered No.				
Ci	FULL NAME Lick	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 51	COLOR OR BACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the world insole)	16 DATE OF DEATH July 20. , 191			
6 D.	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from			
7 A	GE (Month) (Day) (Year) If LESS than I day, hrs.	that I last saw h alive on 191 , and that death occurred, on the date stated above, at m.			
(a pa (b bu wh	yrs. mos. ds. <u>Or</u> min.? CCUPATION) Trade, profession of theel worker riticular kind of work) General nature of industry, siness, or establishment in theel worker ainess, or establishment in theel worker RTHPLACE	The CAUSE OF DEATH * was as follows: A wreck suggest freeding			
(8)	10 NAME OF J. Acadonia	Contributory ds.			
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed les Les Les Control M. D. College De College M. D. College De College M. D. College De College M. D. Colle			
PA	OF MOTHER ANKNOWN	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
	of MOTHER (State or country) Macadonica HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Stormant) Lick George	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death			
15	(Address) alberra Mellich	19 PLACE OF BURIAL OR REMOVAL Date OF BURIAL LULY 20 UNDERTAKER ADDRESS			
Fil	led 191 REGISTRAR	Les Stalley Chelera Ulies			

U

PLACE OF DEATH HOLM TO STATE	STATE OF MICHIGAN
Township Selection Transcript or Village or City (No.	Registered No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male The Write the Worth arried	16 DATE OF DEATH Quely 20, 1918
ODATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than	17 I HEREBY CERTIFY, That I attended deceased from that I last saw h malive on fully 30, 191,
3 OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred, on the date stated above, at
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	electric railway July 20 19
BIRTHPLACE (State or country) Muchegan	(Duration) yrs, mos, ds,
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Clayathick Nucley	(Signed) (Duration) yrs. mos. ds. (Signed) , M. D. (Signed) , M. D. (Signed) , M. D. (Address) , M. D. (State the Disease Causing Death, or in deaths from Violent Causes, state of Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Netrost Wich 15 Filed July 3018, Registran	20 UNDERTAKEN Makes Address

Township or Village Chelsea	T OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 32
FULL NAME anna 1	St.; Ward) St.; Ward) adawaches [If death occurred in a hospital or institutes of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the world dawn	16 DATE OF DEATH (Month) (Day) (Year
DATE OF BIRTH Dec 17, 186	May 16, 1918, to suly 22, 1918
(Month) (Day) (Year) AGE If LESS tha	
yrs, mos ds, or min.?	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry,	The CAUSE OF DEATH* was as follows:
which employed (or employer)	
State or country)	(Duration)
10 NAME OR GENTLATHELL	(SECONDARY) (Duration) yrs. mos. ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
12 MAIDEN NAME and Bent	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) At place In the
(Informant) IN Adamachea	of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelses	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SULLY 191
FIIE STATE SEGISTAR	WINDERTAKER Stalla Shelsea

		STATE OF MICHIGAN TO TO A STATE OF MICHIGAN
Co	ounty Vashlenan Departm	nent of State—Division of Vital Statistics.
	ownship TRANSCRIPT or Cheelse	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 25
al key	wor dieb 11	[If death occurred in
Ch	FULL NAME Hartha	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
155	ense liet (Write the word)	16 DATE OF DEATH Quantity Qu
	THE OF BIRTH Unknown, 1	I HEREBY CERTIFY, That I attended deceased from aug. 2, 1918, to aug. 5, 1918,
7 AC	(Month) (Day) (Year) If LESS than I day,	and that death occurred, on the date stated above, at m.
8 00	CGUPATION	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession or rticular kind of work	Toponeno prieumonia)
(b)	General nature of industry, siness, or establishment in ich employed (or employer)	A CONTRACTOR OF THE PARTY OF TH
9 BII	ATHPLACE tate or country) Michigan	(Duration) yrs, mos, ds.
.0	10 NAME OF Jenry Eriswold	(SECONDARY) (Duration) yrs. mos. ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown	(Signed) Joush, M. D. Aug 6, 1918 (Address) Chelsea
PAR	12 MAIDEN NAME OF MOTHER July	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	nformant)	Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) Coruma Much	PARTIAN Hech Chig 6 , 191
Fi	100 8/7 , 191 8 1	20 UNDERTAKER ADDRESS

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH HOME TO STATE	STATE OF MICHIGAN
Township Sylvan TRANSCRIPT	ment of State—Division of Vital Statistics. OF CERTIFICATE OF DEATH—LOCAL REGISTER
or Chelsea	Registered No. 34
FULL NAME Charles	St.; Ward) [If death occurred in a hospital or institution, give its Mark instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Write (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than I day,	and that death occurred, on the date stated above, at fin. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in	chronic intestinal
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Livry Caroland	(Duration) yrs. mos. ds.
10 NAME OF PATHER Chas Grant	Contributory (SECONDARY) (Duration) yrs. mos. ds.
U (State or country) Ougland	(Signed) , III (Address) lulsen Mie
12 MAIDEN NAME OF MOTHER OLIKATION	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds,
THE ABOYE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsea Mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lug. 9. , 1918
Filed 10 , 191 8 REGISTRAR	Les . Staffan Chelses Mich

PLACE OF DEATH HOIM TO STAT	STATE OF MICHIGAN TO TO A STATE
County Jashlenay Departm	nent of State—Division of Vital Statistics.
Township Seleca TRANSCRIPT or Village Cheleca	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 35
City FULL NAME (No.	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenusle Thiele (Write the word)	16 DATE OF DEATH August 20, 1918 (Month) (Day) (Year)
6 DATE OF BIRTH Delober 25, 1908	I HEREBY CERTIFY, That I attended deceased from aug. 19, 1918, to aug. 19, 1918,
7 AGE (Month) (Day) (Year) 1 If LESS than I day,	and that death occurred, on the date stated above, at
S OCCUPATION	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Julmonary Tupes culosis
(State or country) Muchesau	(Duration) yrs, mos, ds.
10 NAME OF Eduard Junyae	(SECONDARY) (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) Undros Julde , M. D. Chelses Mind
d 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Méans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Much.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsen, Whileeh	Dass Lake Date of BURIAL DATE OF BURIAL Mug. 22, 191
File Aug 23 1918 The BESTEAN	20 UNDERTAKER Stoffan ADDRESS Selsea

County Departm	STATE OF MICHIGAN ment of State—Division of Vital Statistics.
Township or Village Transcript	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 26
FULL NAME Tertha	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Write (Write the word)	16 DATE OF DEATH September 19, 1918
September 25, 1860 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from Left 1917, to 1918, that I last saw hereafter on 1918, that I last saw hereafter on 1918, the saw hereafter
yrs. // mos. 34 ds. or min.?	and that death occurred, on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Jonalitis
10 NAME OF FATHER Schwackenberg	(Duration) yrs, mos, ds. Contributory Browlites Browles furcusorus (SECONDARY) (Duration) yrs, mos, ds.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (OF MOTHER)	*State the Disease Cursing Dearty on in deaths from Voyage Cursing
13 BIRTHPLACE OF MOTHER (State or country) South Carolina.)	(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
(Informant) Mrs. John Steinbach	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) helse	Dalem Servan ME Com Dept. 22, 191
Filed Life. 25, 191 REGISTRAR	20 UNDERTAKER Maple ADDRESS Prelaca

		STATE OF MICHIGAN	PEACE
Co	ounty Jashlenau Departm	nent of State—Division of Vital Statistic	County .s
	wiship or Chelses TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REG	34
Cit	FULL NAME Satie Va.	w Tyne EMAM	(I) a hospital or institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATHERS
35	"COLOB OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORGED (Write the word)	16 DATE OF DEATH Course	3/. 1918 (Day) (Year)
6 DA	July 25 1864	I HEREBY CERTIFY, That I att	
7 AC	I day, hrs.	that I last saw b alive on	01
8 00	yrs, mos, ds, or min.?	The CAUSE OF DEATH * was as follo	F OCCUPATION
(a) par (b) but	Trade, profession of choose states General nature of industry, iness, or establishment in cle mployed (or employer)	actie Stenesi	
9 81	ate or country)	(Duration)	yrs. mos, ds.
	10 NAME OF FATHER Ulrahan A. Jan Tyne	(SECONDARY) (Duration)	yrs., mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed) All Jus	leed Mie
PAR	12 MAIDEN NAME Mary M. ames	*State the Disease Causing Death, or in deaths (1) Means of Injury; and (2) whether Accidental, Suid	from Violent Causes, state
0 .00	13 BIRTHPLACE OF MOTHER (State or country) Mass!	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS RECENT RESIDENTS) At place of death	yrs, mos, ds.
	nformant) . A. A. Van Syne	Where was disease contracted, if not at place of death? Former or usual residence	71.
15	(Address) Chelsen, Much		ATE OF BURIAL
Fi	of left 30, 1918, It floy d	20 UNDERTAKER Stellan	Delera Aliel

	RECORD	Ci	² FU	LL N	AME	Jo	No.
	100	PERSONAL AND STATISTICAL PARTICULAR					
ING	PERMANENT	1 38	lale	1 COLO	OR RACE	SINGLE, MARRIED WIDOWEI OR DIVO (Write th	ACED
FOR BINDING	A PER	6 D	ATE OF BIRTH	6	lobe	ath)	2 , 1 (Day)
FOR	HIS IS	7 AC	38	81	yrs.	mos.	6 I day
RESERVED	ING INK-THIS	(a pa (b bu	CCUPATION) Trade, professinticular kind of) General nature siness, or establich employed (o	of industry		s S	less
RES	UNFADING		RTHPLACE tate or country)	(6	This	1	
Z	HITH		10 NAME OF	Ge	orge	No	llie
MARGIN	100	PARENTS	OF FATHI (State or co	ER	1-8	rala	nd
Σ	PLAINLY,	PARI	12 MAIDEN N	AME ER	Un	kn	rux
	1000		13 BIRTHPLA OF MOTHI (State or co	ER	8	nala	nd
	WRITE		HE ABOVE IS	Mrs	THE BEST O	True	LEDGE

(Address)

15

STATE OF MICHIGAN

Department of State-Division of Vital Statistics.

SCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

[If death occurred in a hospital or institution, give its NAME instead

.Ward)

PARTICULARS

(Year) If LESS than I day,hrs.

come

REGISTRAR

PLACE OF DEATH

County.

Village

Township

	M	EDICAL CE	RTIFICATE	OF DEAT	н	
16 DATE	OF DEATH	Sej	(Month)	ben	(Day)	191 (Year
17	I HEREE	Y CERTI	Y. That I	attended		
Je	any	, 191	8, to 8	Jefs	1 .1	1
that I	last saw	h cuc alive	on de	pr.	16	1918
		occurred, o			ove, at.	n
The C	AUSE O	F DEATH	* was_as f	ollows:		
-		stial		4 11	tio	/
	***************************************		1			

(Ogration) (Signed)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

(Address):

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

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

Former or usual residence

19 PLACE OF BURIAL OB REMOVAL

DATE OF BURIAL

. 1916

20 UNDERTAKER

ADDRESS

PLACE OF DEATH	STATE OF MICHIGAN
County Cashlenaus Departs	ment of State-Division of Vital Statistics.
AND ADDRESS AND AD	OF CERTIFICATE OF DEATH-LOCAL REGISTER
Township	OF CERTIFICATE OF BERTH-LOCKE REGISTER
or Chelsea	Registered No.
Village	[If death occurred in
substitute to latinate a Chris W 178	St.; Ward) a hospital or institution, give its NAME instead
reduced and decree by	of street and number.]
FULL NAME Dara	Jammond MAME DILL
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- I Same - BIASE WAS	16 DATE OF DEATH
SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
ODATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
ret () of ret 92 850	Dec 26 1917 to Sept 20 1918
(Month) (Day) (Year)	(m) (m) (m) / 1 / 9 0
	that I last saw h Malive on 1910,
TAGE IS STORY DETAILS OF THE PARTY OF THE STORY OF THE ST	
yrs mos ds or min.?	The CAUSE OF DEATH * was as follows:
S OCCUPATION	· ()
(a) Trade, profession or	Shrowe Interstial
particular kind of work	nephritis me
(b) General nature of industry, business, or establishment in	Marketty or specifical (or smalleyer)
which employed (or employer)	2 222341288
9 BIRTHPLACE (State or country)	(Duration) yrs mos ds.
10 NAME OF	Contributory
FATHER (1:12) Nammond	(SECONDARY) // (Duration) yrs, mos, ds,
O II BIRTHPLACE	(Signed) Jeo II Talmer
C (State or country)	(Signed)
W Country Country	7- 7- (Address) (Address)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LEWIS PLANT 12 MAIDEN NAME OF MOTHER LEWIS PLANT 13 MAIDEN NAME OF MOTHER LEWIS PLANT 14 MAIDEN NAME OF MOTHER LEWIS PLANT 15 MATTHPLACE OF FATHER OF MOTHER LEWIS PLANT 16 MATTHPLACE OF FATHER OF MOTHER LEWIS PLANT 18 MATTHPLACE OF FATHER OF MOTHER OF MOTHER LEWIS PLANT 18 MATTHPLACE OF FATHER OF MOTHER OF MOTHER LEWIS PLANT OF MOTHER OF	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHÉR (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.
1	Where was disease contracted, if not at place of death?
(Informant) Jannie Vagel	Former or
Commence of the second	usual residence
(Address) Chelsea Mech	- Dall 29
16 / M/d - M/d	Car from, Julya sept -, 1910
Sept 30 8 X1 Page	20 UNDERTAKER ADDRESS
Filed REGISTRAR	120 Doffan Chilsto Mile

County lashleway Department of State—Division of Vital Statistics. Township or Ohelsea Registered No. City (No. St.; Ward) Department of State—Division of Vital Statistics. TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. [If death of a hospital or give its NAN	institution.
or Chelsea Registered No. Le	institution.
[If death o	institution.
give its NAN	ME instead number.]
FULL NAME Mariha 6. Hackenhut of street and	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Genrale Whit on DIVORCED (Write the word) SINGLE, MARRIED, Married Delate OF DEATH Delate (Month) (Day)	191 <u>8</u> (Year)
DATE OF BIRTH I HEREBY CERTIFY, That I attended decease	ed from
Telmony 10, 1849 May 19, 1910, to Oct 17.	1918,
7 AGE (Month) (Day) (Year) that I last saw he alive on Och. 17	1918,
69 6 7 I day,hrs. and that death occurred, on the date stated above, at 4	p.m.
yrs	0
(a) Trade, profession or Jousewife Brids Cordiles uremia	2010
(b) General nature of industry, Own Lone Paison which employed (or employer)	
9 BIRTHPLACE (State or country) Germany (Duration) yrs. 5 mos.	ds.
PATHER Henry officials (SECONGARY) (Duration) VII. (MOS.	
11 BIRTHPLACE OF FATHER (State or country) (Signed) (Signed) (Signed) (Signed) (Signed)	_, M. D.
12 MAIDEN NAME OF MOTHER asperima Tolland (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	ISES, state
13 BIRTHPLACE OF MOTHER (State or country) 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIC RECENT RESIDENTS) At place In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Of death yrs mos ds. State yrs mos ds. State yrs mos ds.	ds.
(Informant) Teo Wackenhut if not at place of death? Former or usual residence	
(Address) Chelsea Mich 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	0
15 Cak from Chelsen O ADDRESS	., 191
Filed et 191 REGISTRAR Vest Staffar Chelsea	1

	PLACE OF DEATH HOIM TO STAT	STATE OF MICHIGAN	EDAIT!
Co	unty Nashtenau Departm	nent of State-Division of Vital Statistics.	County
	wnship TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGIS Registered	1/1
	inor flack 10	haufele BMAN	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH SEE HTA
3 55	Nale Shile (Write the word)	16 DATE OF DEATH Oclober (Month)	(Day), 1918 (Year)
7 AG	(Month) (Day) (Year) If LESS than I day, hrs. or min.?	that I last saw han alive on and that death occurred, on the date stated	# , 1918 , # , 1918 , d above, at 9 2 m.
(a) par (b) but wh	CCUPATION Trade, profession or ettired farmer General nature of industry, siness, or establishment in lich employed (or employer)	Cause of DEATH* was as follows Cladder and And Uranner	refige
9 BII	RTHPLACE (ate or country) Cermany	(Duration) yrs.	mos, ds.
STS	11 BIRTHPLACE OF FATHER OF FATHER (State or country)	(Signed) (Duration) yr	, mos, ds.
PARENTS	12 MAIDEN NAME OF MOTHER Unknown	*State the Disease Causing Death, or in deaths from (1) Means of Injury; and (2) whether Accidental, Suicide	om Violent Causes, state
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Mrs. John Shiegellers	Where was disease contracted, if not at place of death?	yrs, mos, ds.
15	(Address) Philosophy Philosophy (Address) Philosophy Ph	Dat Grove Cem	e of Burial

		ment of State—Division of Vital Statistics. OF CERTIFICATE OF DEATH—LOCAL REGISTER
V	or Believe	Registered No.
Ci	or ty(No	
	FULL NAME Merris	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 35	hale That Single, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH October 5, 191
6 D	ATE OF BIRTH	(Month) (Day) (Year I HEREBY CERTIFY, That I attended deceased from
	March 23, 1833	June 1 , 1918, to Oct. 5 1918
AC	(Month) (Day) (Year)	that I last saw han alive on of 5 1918
	If LESS than I day,hrs.	and that death occurred, on the date stated above, at
	yrsds. <u>Or</u> min.?	The CAUSE OF DEATH * was as follows:
	Trade, profession or ticular kind of work	Denile gangrene of les
(b)	General nature of industry, iness, or establishment in ich employed (or employer)	
(St	ATHPLACE ate or country) Massachuselle	(Duration) yrs, mos, ds
	10 NAME OF Jahn Vincent	(SECONDARY) (DUTATION) VII. MOS. 4
PARENTS	11 BIRTHPLACE OF FATHER (State or country) England	(Signed) . T. I fresh . M. D.
PAR	12 MAIDEN NAME OF MOTHER ANKNOWN	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	formant) Mrs. Morris Tenent	At place of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence
	(Address) Chelsea Mich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	21.00	Dak how len Och 1918

	STATE OF MICHIGAN TO ADMINISTRATION OF STATE OF MICHIGAN TO ADMINISTRATION OF VITAL STATISTICS.
Township TRANSCRIPT or Gelsea	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
city (No.	St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thile Single, Married, Widowed Write the word)	16 DATE OF DEATH October 7, 1918 (Month) (Day) (Year)
SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) **DIRTHPLACE** **DIRTHPLACE** (State or country) **DIRTHPLACE** (State or country) **DIRTHPLACE** (State or country) **DIRTHPLACE** *	I HEREBY CERTIFY, That I attended deceased from 191 to 191 to 191 and that I last saw http:// 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. (Signed) yrs. mos. ds. (Signed) , M. D.
OF MOTHER Mary Geddes 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*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 In the of death
(Informant) Mrs. S.a. Majres (Address) Chelses, Much	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Och 74, 1918. A Properties REGISTRAR	20 UNDERTAKER Moher ADDRESS Whelses

'PLACE OF DEATH HOLM HO 3	STATE OF MICHIGAN
County achlenew De	epartment of State—Division of Vital Statistics.
Township or TRANS	CRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village helsea	Registered No
7	St.; Ward) [If death occurred in a hospital or institution is the ward of street and number.]
FULL.NAME GEGNA	resena Voch
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jense Color or race Single, MARRIED, WIDOWED, OR DIVORCED (Write the world)	16 DATE OF DEATH (Month) (Day) (Year
© DATE OF BIRTH October 23, 18	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LES I day,	
S OCCUPATION (a) Trade, profession or School Jeaches	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work School Seacher (b) General nature of industry, business, or establishment in which employed (or employer)	1Broncho- Jeneumonia
9 BIRTHPLACE (State or country) Chelsia, Mich	(Duration) yrs, mos, ds,
10 NAME OF John Moch	(SECONGARY) (Duration) Grs. mos. ds
11 BIRTHFLACE OF FATHER (State or country) westerslung. Geom E 12 MAIDEN NAME OF MOTHER	(Signed) Gardrag Fulde, M. D.
of Mother Maria Magdalena Gruner	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Induction (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER (State or containing electrical el	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Joch	At place of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsia Much	Dak from Chelera Date of Burial 19 place of Burial Date of Burial Date of Burial 19 1918
Filed Och. 25, 1918, 1918, Regis	100 UNDERTAKER Staffan ADDRESS Melsea. Me

MARGIN RESERVED FOR BINDING

	PLACE OF DEATH	HOIM TO STATE	STATE OF MICHIGAN nent of State—Division of Vital St	atistics.
Co	unty Machlenan		OF CERTIFICATE OF DEATH-LOCA	DECISTED
To	wnship	TRANSCRIPT	OF CERTIFICATE OF BEATH-LOOK	Township Market
Vil	or hylen		Re	gistered No. 40
Cit	у	(No.		(If death occurred in a hospital or institution,
orbital ved in	FULL NAME	Francis	Windelang .	give its NAME instead of street and number.]
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICAT	TE OF DEATH
Tes	rale Hut	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Octor	7 8 1918 (Day) (Year)
-	TE OF BIRTH	TITERO VERENTI	17 I HEREBY CERTIFY, Tha	t I attended deceased from
	Coloby	101 76 , 1857	Oct. 7 , 191 8, to	D.f. 78, 1918,
	(Mon.	th) (Day) (Yeap)	that I last saw hall alive on	Def. 16 , 1910 ,
7 AG	the date wated above, at	to be proposed I day,	and that death occurred, on the da	0
-	yrs	mosds. <u>or</u> min.?	The CAUSE OF DEATH * was a	s follows:
1,550,05	Trade, profession or	1	Chronie graen	nea
par	ticular kind of work	neepes	Chronic nephri	tes from in field saturities
bus	General nature of industry, iness, or establishment in ch employed (or employer)	n home		Authorities, and each processing for ministration of the employer)
9 BIF (St	ate or country) Michael	an)	(Duration)	yrs, mos, ds
-	10 NAME OF	yioladida	Contributory	
	FATHER /	Indelaus	(SECONDARY) (Duration)	yrs, mos, ds.
STN	11 BIRTHPLACE OF FATHER (State or country)	nany	(Signed) Andrea	helsen mich
PARENTS	12 MAIDEN NAME OF MOTHER Cinabe	ih Statish	*State the Disease Causing Death, or it	deaths from Violent Causes, state
0 4	13 BIRTHPLACE OF MOTHER (State or country)	nany askining to House		n the
-0.73	ne ABOVE IS TRUE TO THE BEST OF	Indelang	of death yrs. mos. ds. Si Where was disease contracted, if not at place of death? Former or usual residence	tate yrs mos ds
15	(Address) Lylse	Mulh	M. Olust Chelses	DATE OF BURIAL
	Nov 1 . 1918 . ~	REGISTRAR	20 UNDERTAKER Holfan	ADDRESS Chelses

WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 83-6-14-1000 blat.-100 pp.

County Washtenan Depart	STATE OF MICHIGAN the of State—Division of Vital Statistics.
Township TRANSCRIP	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelled	Registered No. 46
FULL NAME Hay Jane	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL OFFI
Ferrale White Single, MARRIED, WIDDWED, ON DIVORCED ON DIVORCED (Write the word) Widows	(Month) (Day)
Offil-16- 1834, 1 (Year)	Oct /2 - , 1918 , to Mar 14 , 1918 .
84 yrs. 6 mos. 28 ds. or min.?	and that death occurred, on the date stated above, at \$36 m.
© OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	1 d
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER	Contributory Pulmonary Occleman
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) J. Of Burstien) yrs. mos. ds. 910-15, 1918 (Address) Elieble
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*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)
(Informant) Aug. Specier -	At place of death yrs. mos. ln the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chelsla	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
11/11/20 1/20	Och Give - 900-16-, 191.8
REGISTRAR	S. C. Makes Olalan

PLACE OF DEATH	STATE OF MICHIGAN TO BOATS
County Washterau Departm	nent of State—Division of Vital Statistics.
or OA A A	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Clittill	Registered No
FULL NAME Gottlief	St.; Ward) a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Guale - White the word Warles	16 DATE OF DEATH (Month) (Day) (Year
ODATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on , 191
7 AGE If LESS than I day,	and that death occurred, on the date stated above, at 5 pm. The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession or particular kind of work	Metastatic farcorna
(b) General nature of industry, business, or establishment in which employed (or employer)	of Fichiery
State or country)	(Duration) yva
10 NAME OF FATHER COLUMN 10 PORTION OF THE PROPERTY OF THE PRO	(SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 4 0 14 12 MAIDEN NAME OF MOTHER	(Signed) H. M. Schwict - M. D. War 25 1918 - (Address) Phelips Wich
of MOTHER Marie Hottmayer	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/F MX KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, O RECENT RESIDENTS) At place of death yrs, mos, ds, State yrs, mos, ds
(Informant) Ol. a. Schou	Where was disease contracted, if not at place of death? Former or usual residence
(Address) blelia Wich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov 25, 1918, Mary Recistran	20 UNDERTAKER DAJA ADDRESS Chelsen
REGITAR	Joseph Jane

To	wnship TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
Vil	lage Chelsea.	Registered No. 95
Cit	FULL NAME Clipalette	St.; Ward) [If death occurred in a hospital or institution give its Nate instead of street and number.]
7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 9 (Month) (Day) (Year (Year
AG	Way 29 1895, 1 (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1918, to 102 1 3, 1918 that I last saw here alive on 1918 and that death occurred, on the date stated above, at 1918 The CAUSE OF DEATH * was as follows:
(a) par	CUPATION Trade, profession or ticular kind of work General nature of industry,	Mitial Reguszitation-
bus	iness, or establishment in ich employed (or employer)	V Companient of the control of the c
(St	ATHPLACE ate or country) England	(Duration) yrs, mos, constant
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed
Ā	13 BIRTHPLACE OF MOTHER (State or country)	(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the
	oformant) Mrs. Spence Mation	of death yrs, mos, ds, State yrs, mos, ds, Sta
5	(Address) Kluber Mich	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

	Q11 Departm	STATE OF MICHIGAN nent of State—Division of Vital Statistics.
то	wnship or Chelylor	OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 49
-	y (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Te	COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 29 - (Month) (Day) (Year)
1	THE OF BIRTH (Manth) (Day), 1 (Year)	I HEREBY CERTIFY, That I attended deceased from 1918; to 1918; that I last saw h alive on 1918;
7 AG	99 yrs. 5 mos. 6s. or min.?	and that death occurred, on the date stated above, at 5.2 m. The CAUSE OF DEATH * was as follows:
(a) par (b) but	CCUPATION) Trade, profession or ricular kind of work) General nature of industry, siness, or establishment in ich employed (or employer)	Cauce of Colon
9 811	RITHPLACE Late or country) Heur Trh-	(Duration) yrs, mos, ds.
ATS STA	11 BIRTHPLACE OF FATHER (State or country) 12 DAY 1 POLICY 13 DIRTHPLACE OF FATHER (State or country)	(Signed) (Duration) yrs. mos. ds.
PARENTS	12 MAIDEN NAME Polly & Bell-	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
RO J	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
	nformant) Mus. Ellen & Laylor	Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) bliebea hich-	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1918
F	100 How 30, 191 8. W. C. Bayel -	20 UNDERTAKER MA DED - OLULIAN

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Town or Villag		TRANSCRIPT		ed No. 90
on			Register	
City (No. St.; Ward) a hospital or give its NA		[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
ma	1 COLOR OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	(Day) (Year)
DATE	OF BIRTH March	9 1894		tended deceased from
AGE	(Mor		that I last saw h Man alive on	ce 15, 1918,
AGE	24 9	If LESS than I day,	and that death occurred, on the date sta	ated above, atm.
8 occu	PATION 27	mosds. <u>or</u> min.?	The CAUSE OF DEATH * was as follo	ows:
	ide, profession or Macs	limest	1-9	-
(b) Gen	neral nature of industry.	Shop	Tronch procus	nonia)
which e	s, or establishment in Months amployed (or employer)	err,		The state of the s
which e	employed (or employer)	ch		yrs, ds,
which e	employed (or employer)	ch / Salh	Contributory (SECONGARY)	
which e	PLACE or country) NAME OF	ch Leffman	Contributory (SECONCARY) (Duration)	
which e	PLACE or country) NAME OF FATHER BIRTHPLACE OF FATHER	ch Leffman N. Girbach	(Signed) (Address) (Address)	yrs. mos. ds.
which e	PLACE or country) NAME OF FATHER OF FATHER OF FATHER (State or country) MAIDEN NAME	ch Seffman Girbach Nich	(Signed) State the DISEASE CAUSING DEATH, or in deaths (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUITE RECENT RESIDENCE (FOR HOSPITALS, IN RECENT RESIDENTS) At place In the	s from Violent Causes, state
SLAME OF STATE OF STA	PLACE or country) NAME OF FATHER OLIVINA BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER (State or country) BIRTHPLACE OF MOTHER (State or country) BIRTHPLACE OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF	ch L. Noffman M. Girbach Meh Meh	(Signed) (Signe	s from Violent Causes, state
Which e	PLACE or country) NAME OF FATHER OLIVINA BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER (State or country) BIRTHPLACE OF MOTHER (State or country) BIRTHPLACE OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF	ch (. Noffman Mel Mel Mel Much Much	Contributory (SECONGARY) (Signed) "State the DISEASE CAUSING DEATH, or in deaths (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUI 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN RECENT RESIDENTS) At place of death yrs, mos, ds. State Where was disease contracted, if not at place of death? Former or usual residence	s from Violent Causes, state

MARCIN RESERVED FOR BINDING

	STATE OF MICHIGAN ment of State—Division of Vital Statistics. OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
and the state of t	St.; Ward) [If death occurred is a hospital or institution give its Mark instea
FULL NAME / ada	VofornantMAN []
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OF RACE SINGLE, MARRIED, WIDOWED, OR DIVORGED (Write the word) rugle	16 DATE OF DEATH (Month) (Day) (Year
Month) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (A) (A) (A) (B) (B) (B) (C) (C) (C) (C) (Day) (Day) (Year) (A) (A) (A) (A) (A) (A) (B) (B	that I last saw healive on the date stated above, at 12 m. The CAUSE OF DEATH * was as follows:
(State or country) Much	Contributory (Duration) yrs, mos, d
OF FATHER Survey Server 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 4 OF MOTHER	(Signed) (Duration) yrs. mos. di (Signed) . M. D *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state
13 BIRTHPLACE OF MOTHER (State or country) Much	(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) At place In the
(Informant) Chilera Mich	of death yrs, mos, ds. State yrs, mos, dt Where was disease contracted, if not at place of death? Former or usual residence The place of Burial Or Removal Date of Burial
Filed 1911, PEGISTRAN	Oak From, Opelsey M. Dec. 21, 1918. 20 UNDERTAKER Staffan Shelsen, M.

To	anty Hashlenaur Departm	STATE OF MICHIGAN nent of State—Division of Vital Statistics. OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
Cit	FULL NAME //illiam	ples Jonne St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)	Cale Mule 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED MIGH	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH Seu 21 1840 (Month) (Day) (Year)	THEREBY CERTIFY, That Lattended deceased from
7 AG		that I last saw h Ma alive on 191, and that death occurred, on the date stated above, at 191 m. The CAUSE OF DEATH * was as follows:
(a) par (b) bus	Trade, profession or ticular kind of work ticular kind of work ticular kind of industry, iness, or establishment in ich employed (or employer)	Erysipelar of face
9 818	ATHPLACE ate or country)	(Duration) yrs, mos. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 NAME OF FATHER (State or country)	(Signed) (Duration) for the M. D. (Address)
PAR	12 MAIDEN NAME OF MOTHER UNKnown	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Maknow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the of death yrs
15	riormant) Real Service of the BEST OF MY KNOWLEDGE (Address) Registrar Registrar	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Dak Your Cemuley 20 UNDERTAKER ADDRESS ADDRESS

MARGIN RESERVED FOR BINDING

	unty Manyleucu Departm	STATE OF MICHIGAN ment of State—Division of Vital Statistics. OF CERTIFICATE OF DEATH—LOCAL REGISTER
To	wnship or	¥3
al le	TOULL NAME FORMS	Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
" SE	MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from
7 AG	If LESS than I day,hrs.	and that death occurred, on the date stated above, at / 0.0 m.
(a)	CCUPATION Trade, profession or ticular kind of work General nature of industry,	The CAUSE OF DEATH* was as follows:
bus	sinets, or establishment in ich employed (or employer)	Company to be placed and the company to the company
(St	rate or country)	(Duration) yrs. mos. ds.
10 _	10 NAME OF PATHER ALL DULLEY	(SECONDARY) (Duration) yrs. mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed) John J. Glods - M. D.
PAR	12 MAIDEN NAME OF MOTHER HILLIAM	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
NO.	13 BIRTHPLACE OF MOTHER (State or country)	IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	nformant) Wy Alle To The BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) Chelpla Trich.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL (2., 191.9
F	Hed Jam 6-191 9. Il le 12 ayol -	20 UNDERTAKER MICHAELS - Phelsea

Form 93-6-14-1000 bks.-100 pp.

	nent of State—Division of Vital Statistics.
ty	
nship TRANSCRIPT	OF CERTIFICATE OF DEATH—LOCAL REGISTER
or Chelsen	Registered No.
ge	[If death occurred in
(No.	St.; Ward) a hospital or institution, give its NAME instead
FULL NAME Jauline	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
wale The Windle (Write the word)	(Month) (Day) (Year)
OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
1. 821	Oct / 1918 to a see 31, 191
, I f	3, 3
If LESS than	that I last saw he alive on 191,
1/1/ // I day,hrs.	and that death occurred, on the date stated above, atm_
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
UPATION	Vilamore tuberculoses
rade, profession or Nousekeeper	Jan Maria Cara Cara Cara Cara Cara Cara Cara
eneral nature of industry. sss, or establishment in Home of brocker employed (or employer)	
HPLACE e or country) Much	(Duration) / yrs mos ds.
NAME OF	Contributory
FATHER Untonius Schoen	(SECONGARY) (Duration) yrs mos ds.
BIRTHPLACE	(Signed) My trush , M. D.
(State or country)	Evertil ble Oliles
MAIDEN NAME OF MOTHER POLICE	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
3 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At also In the
ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.
LL FX1 11)	Where was disease contracted, if not at place of death?
ormant) les Viagran	Former or usual residence
Chelin 1 111.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	B & 10 mart of for Jan 3, 1919
() 5 All fld	20 UNDERTAKER ADDRESS
11. 12. 2 //11. 4 - 2 - 2 - 2 - 2	UNDERTAILED / / A
REGISTRAR	a father Office
	TRANSCRIPT Transc

PLACE OF DEATH HOLM TO STATE	STATE OF MICHIGAN TO BOADS
Township or Occupant	Registered No.
or City (No.	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 2839
Terrale - White (Write the word)	16 DATE OF DEATH (Month) (Day) (Pear)
TO DATE OF BIRTH DODGOSTA I SELT Y STEELS Y SERRER I	17 I HEREBY CERTIFY, That I attended deceased from 12, 1919, to 21, 1919,
(Month) (Day) (Year) 7 AGE 11 LESS than 1 day, hrs. Or min.?	that I last saw h&1 alive on Que 17, and that death occurred, on the date stated above, at 7, m.
s OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH * was as follows: Pulsus Tierra Tierra (A) Pulsus
(State or country) Perusylvania	(Duration) yrs. mos. ds.
10 NAME OF PATHER Shut Kirtler 11 BIRTHPLACE OF FATHER (State or country) Perusylvania 12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Cheles Guich-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OUT 31 191 20 UNDERTAKER ADDRESS DIELSER

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 83-6-14-1000 bkg.-100 pp.

PLACE OF DEATH HOLM TO STA	STATE OF MICHIGAN
County Washteran Depart	rtment of State—Division of Vital Statistics.
ownship fram . TRANSCRI	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER 3
or of O. O. e.	Registered No. 4-
Village or No. (No.	St.; Ward) [If death occurred in a hospital or institution give its NAME instead
FULL NAME William	Bason of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, MUDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Vant 23- 1852	Jans - 13 -, 1919, to Lef - 7, 1919
(Month) (Day) (Year	that I last saw n anve on
AGE If LESS t	The state of the state of the date stated above at A
66 yrs. 8 mos. 8 ds. or mir	
OCCUPATION O. / 1 + - 8	1
(a) Trade, profession or particular kind of work Melliques Turned	a deplantis brumonia
(b) General nature of industry. Oaal, grain elevator which employer) Coal, grain elevator	- Blues la Merceratio
BIRTHPLACE	
(State or country) Cualcud	(Duration) yrs/ mos.
10 NAME OF STATHER	Contributory (SECONGARY)
John Bacon	(Duration) yrs. mos.
11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Address) Pheliex
2 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, sta (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)
OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Paul C Bacon -	Former or usual residence
Oleolien Istinlien	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Oak Give - 191
HERODA CAME	20 UNDERTAKES
Filed, 191,	manuel (Manuel Andrews)

County Pullulum	ent of State—Division of Vital Statistics. OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. [If death occurred in a page of a page of the coursed of the course of
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH Fel - 19 (Month) (Day) (Year)
TAGE (Month) (Day), (Year) TAGE If LESS than I day,	that I last saw h malive on Fet 12 - 1919, and that death occurred, on the date stated above, at 90 m. The CAUSE OF DEATH* was as follows:
S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Cerebial - Cipaplesing
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 STATES 13 STATES 14 STATES 15 STATES 16 STATES 17 STATES 18 STATES 19 STATES 10 STATES 10 STATES 11 SIRTHPLACE OF FATHER 12 STATES 13 STATES 14 STATES 15 STATES 16 STATES 17 STATES 17 STATES 18 STATE	Contributory (SECONDARY) (Signed) (Duration) (Duration) (Duration) (Duration) (Signed) (Signed) (A) (A) (B) (B) (B) (B) (B) (B
118 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE (Informant) LULY The Above of the state o	*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. State yrs, mos, dt. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Filed Fulf-15, 191 9. REGISTRAR	20 UNDERTAKER ADDRESS 20 UNDERTAKER ADDRESS ADDRESS ADDRESS

BINDING

FOR

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MARGIN

2 1 1	STATE OF MICHICAN TO TO AND AND THE MENT OF State—Division of Vital Statistics.
Township Local TRANSCRIPT	Registered No.
City (No.	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 2839
Wale- White Single, Married, Wildweg, Surgle - White Word)	16 DATE OF DEATH Ful - 28 - , 191 9 (Month) (Day) (Year
I MEHRBY CERTIFY, That I attended True To STAG 9 II	17 I HEREBY CERTIFY, That I attended deceased from
2lec- 25- 1901	Van-, 1919, to Fel-, 1919
(Month) (Day) (Year)	that I last saw h alive on
If LESS than	9/7
yrs. 4 mas. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	Duly many tulecularis
particular kind of work (b) General nature of industry,	Now to beld solueiting
business, or establishment in which employed (or employer)	builders, or establishment in action of the semployer is a semploy
9 BIRTHPLACE (State or country)	(Duration) yrs. mos. di
10 NAME OF John - Kelly	(SECONDARY) (Duration) yrs, mos, di
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) S. J. Surli - M. C. Feb-28 (1918 (Address) Chelsea
of Mother Haunale Welch	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mich	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, O RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos dt Where was disease contracted,
(Informant) Marc - Telly -	if not at place of death?
Plalon Orking -	usual residence DATE OF BURIAL OR BEMOVAL DATE OF BURIAL
(Address)	Mt-Clivet len - Mar 9 - 1919
Filed , 191 ,	20 UNDERTAKER D ADDRESS
REGISTRAR	Jes Visa Land Emina

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 loss board of health. In case of death without the attendance of a physician, or if it shall appear probable that the deceased probable 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.