


MICHIGAN


Department of Health—Division of Vital Statistics

REGISTER OF DEATHS

Village of Chelsea
(Township, Village or City)
County of Washtenaw
From October 13, 1922 to OCT 31 1922 1922

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 State Health Commissioner, 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 Michigan Department of Health. They cannot be issued by Registrars.

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

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washington
Township Lylran
Village Chelsea
City West Middle

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 15(No. West Middle St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Charles Steinbach

(a) Residence No. St., Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (Month, day and year) July 15, 1844

7 AGE Years Months Days If LESS than
78 2 28 1 day hrs. OR min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Harness-maker

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

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Germany10 NAME OF FATHER Henry Steinbach11 BIRTHPLACE OF FATHER (city or town) (state or country) Katherine Holland12 MAIDEN NAME OF MOTHER Germany13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany14 Informant Mrs. Chas. Steinbach
(Address) Chelsea, Mich.15 Filed Oct. 20, 1922 G. W. Walworth
Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct. 13 192217 I HEREBY CERTIFY, That I attended deceased from No attendance, 1922that I last saw him alive on Oct 11, 1922 and that death occurred on the date stated above at During night m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexyFound dead in bed(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andros Gulde M. D.Oct 16, 1922 Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Oct 16 19222 UNDERTAKER S. A. Maper Address Chelsea, Mich.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washtenaw
Township Sylva
Village Chelsea
City _____

Registered No. 16

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Ann Dancer St., Ward _____

(a) Residence No. _____ (If non-resident give city or town and state) _____
(Usual place of abode) _____
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced HUSBAND of Walter Dancer (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) March 29, 1840

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
82 6 16

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) New York (state or country)

10 NAME OF FATHER Stephen Tucker

11 BIRTHPLACE OF FATHER (city or town) New York (state or country)

12 MAIDEN NAME OF MOTHER Christina Freeman

13 BIRTHPLACE OF MOTHER (city or town) Newfoundland (state or country)

14 Informant Walter Dancer (Address) Chelsea, Mich

15 Filed Nov. 7, 1922 Geovalworth Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) October 15 1922

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1922, to Oct. 14, 1922 that I last saw him alive on Oct. 14, 1922 and that death occurred on the date stated above at 4:30 m.

The CAUSE OF DEATH* was as follows:

Fracture Right Hip
Accidental

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

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

Oct. 16, 1922, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oak Grove Cemetery

Oct. 18 1922

2 UNDERTAKER

Address

Geo. P. Staffan

Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washburn
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 17

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jane Ann Berry

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced
HUSBAND of Charles Garrity
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Aug. 15, 1855

7 AGE Years Months Days If LESS than
77 2 10 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Michigan
(state or country)

10 NAME OF FATHER John McLaughlan

11 BIRTHPLACE OF FATHER (city or town) Ireland
(state or country)

12 MAIDEN NAME OF MOTHER Jane Cluffee

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(state or country)

14 Informant Mrs. E. Garrity
(Address) Chelsea, Mich.

15 Filed Nov. 7, 1922 Geo. P. Staffan
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct. 25 1922

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1922, to Oct. 25, 1922, that I last saw her alive on Oct. 25, 1922, and that death occurred on the date stated above at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Infarction(duration) _____ yrs. 3 mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) O. Bryan M. D.Oct. 27, 1922, Address Stockbridge

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Mt. Olivet Cemetery Oct. 27, 1922

2 UNDERTAKER Address

Geo. P. Staffan Chelsea, Mich.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County Washtenaw
Township Sylvan

Village _____
City _____

(No. _____) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. 18

2 FULL NAME Ida May Coe

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Wm Coe

6 DATE OF BIRTH (Month, day and year) Feb. 10, 1863

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
59 8 23

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Edwin Pierce

11 BIRTHPLACE OF FATHER (city or town) (state or country) New York

12 MAIDEN NAME OF MOTHER Catherine Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Michigan

14 Informant William Coe
(Address) Chelsea, Mich.

15 Filed Nov. 9, 1922 L. W. Walworth Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 3 1922

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1922, to Nov. 3, 1922, that I last saw her alive on Nov. 3, 1922 and that death occurred on the date stated above at 30 m.

The CAUSE OF DEATH* was as follows:

Infective Endocarditis

(duration) yrs. mos. ds.
CONTRIBUTORY Pulmonary Edema
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. E. Bush M. D.
Nov 4, 1922 Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Nov. 6 1922

2 UNDERTAKER Address
S. A. Mapes Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Hooks—100 pages.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
 County Washtenaw
 Township Seymour LIMA
 Village Chelsea
 City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 19

(No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Mc Carthy

(a) Residence No. _____ St., Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Patrick Mc Carthy

6 DATE OF BIRTH
 (Month, day and year)

7 AGE Years Months Days If LESS than
55 5 5 1 day hrs. OR min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Hastings, Ontario
 (state or country)

10 NAME OF FATHER John Sheehan

11 BIRTHPLACE OF FATHER (city or town) Ireland
 (state or country)

12 MAIDEN NAME OF MOTHER Jane Dunn

13 BIRTHPLACE OF MOTHER (city or town) Ireland
 (state or country)

14 Informant James Mc Carthy
 (Address) Chelsea, Mich.

15 Filed Nov. 14, 19 22 Swetlowich
KW Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 13 19 22

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 19 22 to Nov. 13, 19 22
 that I last saw her alive on Nov. 13, 19 22 and
 that death occurred on the date stated above at 20 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus
Decubitus

(duration) _____ yrs. 9 mos. _____ ds.

CONTRIBUTORY
 (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of Feb. 1922

Was there an autopsy? no

What test confirmed diagnosis? X-ray & operation

(Signed) Andrew Gude, M. D.

Nov. 14, 19 22, Address Chelsea, Mich.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether AC-CIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

St. Mary's Cemetery, Chelsea, Mich. Nov. 16 1922

2 UNDERTAKER Address

Geo. P. Stafford Chelsea, Mich.

1 PLACE OF DEATH
County Washington
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Jay Everett

(a) Residence No. _____

St., Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 Color or Race

white

5 Single, Married, Widowed or Divorced (Write the word)

widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH
(Month, day and year)

October 2, 1827

7 AGE

Years

Months

Days

If LESS than

95

1

12

1 day _____ hrs.

OR _____ min.

8 OCCUPATION OF DECEASED

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

Retired Farmer

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

(c) Name of employer.

9 BIRTHPLACE (city or town)
(state or country)

Michigan

10 NAME OF FATHER

John Everett

11 BIRTHPLACE
OF FATHER (city or town)
(state or country)

Vermont

12 MAIDEN NAME
OF MOTHER

Caroline Phelps

13 BIRTHPLACE
OF MOTHER (city or town)
(state or country)

Massachusetts

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

Nov. 13

1922

17

I HEREBY CERTIFY, That I attended deceased from

Nov. 1, 1922, to Nov. 13, 1922

that I last saw him alive on Nov. 13, 1922 and

that death occurred on the date stated above at 11 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. St. Bush M. D.

Nov. 13, 1922, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Vermont Cemetery

Nov 16 1922

2 UNDERTAKER

Address

S. A. Maple

Chelsea, Mich.

14 Informant

Miss Jessie Everett

(Address)

Chelsea, Michigan

15

Filed Nov. 20, 1922

G. W. [unclear]
Registrar

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Wacktenaw
Township Lybrow
Village Chibwa
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 21

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joanna Cummings

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Franklin Elmer Cummings

6 DATE OF BIRTH (Month, day and year) May 2, 1839

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
83 6 14

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Elmer Cummings

11 BIRTHPLACE OF FATHER (city or town) (state or country) _____

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) (state or country) _____

14 Informant John Cummings
(Address) Chibwa, Mich.

15 Filed Nov. 24, 1922 W. W. W. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 19 1922

17 I HEREBY CERTIFY, That I attended deceased from June, 1931, to Nov. 19, 1922

that I last saw him alive on Nov. 1, 1922 and

that death occurred on the date stated above at 10 a.m.

The CAUSE OF DEATH* was as follows:

Successive pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. G. Bush M. D.
Nov. 23, 1922, Address Chibwa, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Vermont Cemetery Nov. 22, 1922

2 UNDERTAKER Address

Geo. P. Stafford Chibwa, Mich.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washington
Township Sylvan
Village Chelsea
City _____

Registered No. 22

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charlotte Watkins Thompson

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Nov. 20, 1836
(Month, day and year)

7 AGE Years Months Days If LESS than
85 0 28 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) Michigan
(state or country)

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) Connecticut
(state or country)

12 MOTHER'S NAME OF MOTHER wealthy Foster

13 BIRTHPLACE OF MOTHER (city or town) New York
(state or country)

14 Informant Miss Jessie Everett
(Address) Chelsea, Mich

15 Filed Nov. 28, 1922 Lyolva Hoover
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 18 1922
(Month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from
Nov. 12, 1922, to Nov. 18, 1922

that I last saw her alive on Nov. 18, 1922 and
that death occurred on the date stated above at 20 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

What test confirmed diagnosis?

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

Nov. 18, 1922 Address Chelsea, Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Cross Lake Cemetery

Nov. 20, 1922

2 UNDERTAKER

Address

A. Maper

Chelsea, Mich

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washington
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 23

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ada R. Speer

(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced
HUSBAND of James Speer
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) May 22, 1860

7 AGE Years Months Days If LESS than
62 6 5 1 day hrs. GR min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Michigan
(state or country)

10 NAME OF FATHER George Cunningham

11 BIRTHPLACE OF FATHER (city or town) Michigan
(state or country)

12 MAIDEN NAME OF MOTHER Helen M. Johnson

13 BIRTHPLACE OF MOTHER (city or town) Michigan
(state or country)

14 Informant George Speer
(Address) Detroit Mich

15 Filled Nov. 29, 1922 Geographical
Rev Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 27 19 22

17 I HEREBY CERTIFY, That I attended deceased from Jaw. 1, 19 20, to Nov. 23, 19 22, that I last saw her alive on Nov. 23, 19 22 and that death occurred on the date stated above at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy
(number of attacks) _____
Her 1st attack about 3 years ago

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic Hypertension
(Secondary)

(duration) 3 yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. D. Palmer M. D.

, 19 _____, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Nov. 29, 1922

2 UNDERTAKER Address L. A. Trapes
Chelsea, Mich

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

Registered No. 24

(No. Old Peoples Home St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Francis A. Blinn

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Blinn

6 DATE OF BIRTH (Month, day and year) Jan 6, 1839

7 AGE Years 83 Months 10 Days 21 If LESS than 1 day _____ hrs. OR _____ m'n.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) Michigan
(state or country)

10 NAME OF FATHER Wm H. Benson

11 BIRTHPLACE OF FATHER (city or town) New York
(state or country)

12 MOTHER'S NAME OF MOTHER Mary J. Wheeler

13 BIRTHPLACE OF MOTHER (city or town) New York
(state or country)

14 Informant Mrs. Gilchrist
(Address) Quincy Lake, Michigan

15 Filed Nov 28, 1922 G. W. Walworth Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 27 1922

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1922 to Nov 27, 1922
that I last saw her alive on Nov 27, 1922 and that death occurred on the date stated above at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy
Left parietal
clotted in few minutes after attack
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical
(Signed) A. A. Palmer M. D.

, 19 _____ Address Chelsea, Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Manchester Mich. Date of Burial Nov. 29 1922

2 UNDERTAKER S. A. Napier Address Chelsea, Mich

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washington
Township Lytton
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

(No. Old People's Home St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jane A. Sherman

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) October 28, 1887

7 AGE Years Months Days If LESS than
85 1 1 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer.

9 BIRTHPLACE (city or town) New York
(state or country)

10 NAME OF FATHER Almeron Sherman

11 BIRTHPLACE OF FATHER (city or town) New York
(state or country)

12 MAIDEN NAME OF MOTHER Jane Donnelly

13 BIRTHPLACE OF MOTHER (city or town) New York
(state or country)

14 Informant Mrs. Kemp O. P. Home
(Address) Chelsea, Mich.

15 Filed Dec 2, 1922 L. W. Walworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 29 1922

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1920, to Nov. 24, 1922
that I last saw him alive on Nov. 24, 1922 and
that death occurred on the date stated above at 28 m.

The CAUSE OF DEATH* was as follows:

Organic valvular disease of heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Geo. W. Palmer M. D.
Dec 1, 1922, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove Cemetery Date of Burial Dec 1 1922

2 UNDERTAKER J. A. Mapes Address Chelsea Mich.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washtenaw
Township Sylson
Village Chelsea
City _____

Registered No. 26

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hubert Swickeraich

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude Cook

6 DATE OF BIRTH (Month, day and year) March 11 1878

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
74 8 19

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Germany

10 NAME OF FATHER Henry Swickeraich

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MOTHER'S NAME OF MOTHER Helen -

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Matthew Swickeraich
(Address) Chelsea, Mich.

15 Filed Dec 2, 1922 W. W. Watson Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 30 1922

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1922, to Nov. 28, 1922, that I last saw him alive on Nov. 28, 1922, and that death occurred on the date stated above at 8:20 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
General edema

CONTRIBUTORY (Secondary)

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy?

What test confirmed diagnosis?
(Signed) Andros Gulde M. D.
Dec 1, 1922, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial
St. Albert Cemetery Dec 2 1922

20 UNDERTAKER Address
Geo. P. Steffen Chelsea, Mich.

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

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

1 PLACE OF DEATH
County Washington
Township Lyles
Village Chillicothe
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 27

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary A. Lurck

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of Geo. Lurck
(or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) October 10, 1860

7 AGE Years Months Days If LESS than
62 2 5 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Chico
(state or country)

10 NAME OF FATHER Leahiah Camp

11 BIRTHPLACE OF FATHER (city or town) Ohio
(state or country)

12 MAIDEN NAME OF MOTHER Rachael Conant

13 BIRTHPLACE OF MOTHER (city or town) Ohio
(state or country)

14 Informant George Lurck
(Address) Chillicothe, Mich.

15 Filed Dec. 3, 1922 Chillicothe, Mich.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec. 15 1922

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1922, to Dec. 15, 1922, that I last saw him alive on Dec 5, 1922, and that death occurred on the date stated above at 8 A. m.

The CAUSE OF DEATH* was as follows:

Parapneumonia

(duration) _____ yrs. 7 mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Andreas Gulde, M. D.

Dec. 18, 1922, Address Chillicothe, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Cat Lion Cemetery Dec. 18 1922

2 UNDERTAKER Address

S. S. Mager Chillicothe, Mich.

MICHIGAN DEPARTMENT OF HEALTH

1 PLACE OF DEATH
County Washtenaw
Township Sylvania
Village Chelsea
City _____

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 28

(No. 237 Adams St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marysue Jane Freymuth

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Still born

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Dec. 19, 1922

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ m'n.
None None None

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Chelsea

10 NAME OF FATHER Ed. Freymuth

11 BIRTHPLACE OF FATHER (city or town) (state or country) Wolverine, Mich.

12 MAIDEN NAME OF MOTHER Marysue Hepburn

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Chelsea, Mich.

14 Informant H. W. Schmidt
(Address) Chelsea, Mich.

15 Filed Dec. 23, 1922 H. W. Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec. 19 1922

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1922, to _____, 19____

that I last saw him alive on Sept. 19, 19____ and

that death occurred on the date stated above at 6 A.M.

The CAUSE OF DEATH* was as follows:

Still born

CONTRIBUTORY (Secondary)

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

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

Dec. 23, 1922, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Hill Cemetery, Chelsea Dec. 19, 1922

2 UNDERTAKER Address

Geo. P. Steffen Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		MICHIGAN DEPARTMENT OF HEALTH	
County <u>Washtenaw</u>		Division of Vital Statistics	
Township <u>Sylvan</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>1</u>	
City <u>1</u>		(No. <u>1</u> St. <u>1</u> Ward <u>1</u>) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Virgil Slane</u>			
(a) Residence No. <u>1</u> St., Ward <u>1</u> (Usual place of abode) (If non-resident give city or town and state)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (Write the word)	
	<u>white</u>	<u>single</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of			
6 DATE OF BIRTH (Month, day and year) <u>Dec. 1, 1922</u>			
7 AGE	Years	Months	Days
	<u>1</u>	<u>1</u>	<u>4</u>
If LESS than 1 day hrs. OR min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>at home</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer.			
9 BIRTHPLACE (city or town) (state or country) <u>Michigan</u>			
10 NAME OF FATHER <u>Geo. Slane</u>			
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>Missouri</u>			
12 MAIDEN NAME OF MOTHER <u>Stella Aldrich</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Ohio</u>			
14 Informant <u>Geo. Slane</u> (Address) <u>Chelsea, Mich.</u>			
15 Filed <u>Jan 4</u> , 19 <u>22</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Jan. 4</u> 19 <u>22</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Jan. 2</u> , 19 <u>22</u> , to <u>Jan. 2</u> , 19 <u>22</u> , that I last saw him alive on <u>Jan. 3</u> , 19 <u>22</u> and that death occurred on the date stated above at <u>7:30 a.m.</u>			
The CAUSE OF DEATH* was as follows: <u>Congenital Ateleclasis</u>			
(duration) yrs. mos. ds.			
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.			
18 Where was disease contracted If not at place of death?			
Did an operation precede death? <u>no</u> Date of			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? (Signed) <u>Andrew Gulde</u> , M. D. <u>Jan 4, 1922</u> , Address <u>Chelsea, Mich.</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Parburg, Ohio</u> Date of Burial <u>Jan. 5</u> 19 <u>22</u>			
2 UNDERTAKER <u>Geo. P. Slaffan</u> Address <u>Chelsea, Mich.</u>			

PARENTS

MICHIGAN DEPARTMENT OF HEALTH

1 PLACE OF DEATH
County Washtenaw
Township Lyndon
Village Chelsea
City _____

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David N. Rogers

(a) Residence No. _____ St., Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) September 19, 1837

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ m'n.
85 4 22

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer, _____

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER David Rogers

11 BIRTHPLACE OF FATHER (city or town) (state or country) New Jersey

12 MAIDEN NAME OF MOTHER Mary Ann Davis

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New Jersey

14 Informant David Rogers
(Address) Chelsea, Mich.

15 Filled Feb. 13, 1923 Geo. Walworth
Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb. 11 1923

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1923, to Feb. 10, 1923

that I last saw him alive on Feb. 10, 1923 and

that death occurred on the date stated above at 5 a.m.

The CAUSE OF DEATH* was as follows:

Heart Failure
myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY Arterio sclerosis
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Physical

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

Feb. 12, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oak Grove Cemetery

Feb. 13 1923

2 UNDERTAKER

Address

S. A. Maple

Chelsea

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

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Form 93a—9-5-21—1000 Books—100 pages.

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

1 PLACE OF DEATH
County Washtenaw
Township Lyndon
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

(a) Residence No. Phoebe Dancer St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married
5a If married, widowed or divorced HUSBAND of (or) WIFE of Jacob Dancer
6 DATE OF BIRTH (Month, day and year) July 26, 1841
7 AGE Years Months Days If LESS than 1 day hrs. OR min.
81 6 28

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) John Cay
England

10 NAME OF FATHER England

11 BIRTHPLACE OF FATHER (city or town) (state or country) Ann Jacey
England

12 MAIDEN NAME OF MOTHER England

13 BIRTHPLACE OF MOTHER (city or town) (state or country)

14 Informant H. J. Dancer

(Address) Chelsea, Mich.

15 Filed Mar. 5, 1923 W. W. Palmer Registrar.
Rev.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb. 24 19 23

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1923, to Jan. 16, 1923, that I last saw h.w. alive on Jan. 16, 1923 and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

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

, 19 _____ Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery

Feb. 26, 1923

20 UNDERTAKER

Leo P. Slaffan

Address

Chelsea, Mich.

1 PLACE OF DEATH
County Washtenaw
Township Lysan
Village _____
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4

(No. Old Peoples Home St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ann E. Kemp

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>widowed</u>
------------------------	---------------------------------	---

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH
(Month, day and year) October 18, 1840

7 AGE	Years	Months	Days	If LESS than
	<u>82</u>	<u>4</u>	<u>18</u>	1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer.

9 BIRTHPLACE (city or town) New York
(state or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(state or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(state or country)

14 Informant Isaac Brosius
(Address) Chelsea, Mich.

15 Filed Mar. 8, 1923 Spruvalwood
Regist.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
(Month, day and year) Mar. 6 1923

17 I HEREBY CERTIFY, That I attended deceased from
Dec. 4, 1921, to Mar. 5, 1923
that I last saw he alive on Mar. 5, 1923 and
that death occurred on the date stated above at 3A. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Geo. W. Palmer M. D.
Mar. 7, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial
Lansingburg, Mich. Mar. 8 1923

2 UNDERTAKER Address
S. A. Mapes Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Augusta Miller

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widow

5a If married, widowed or divorced
HUSBAND of David Miller
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Feb. 20, 1842

7 AGE Years Months Days If LESS than
81 17
1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Germany
(state or country)

10 NAME OF FATHER Behnke

11 BIRTHPLACE OF FATHER (city or town) Germany
(state or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(state or country)

14 Informant John Licht
(Address) Chelsea, Mich.

15 Filed Mar. 29, 1923 Greenwald
Rev. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 9 1923

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1923, to March 9, 1923
that I last saw her alive on March 8, 1923 and
that death occurred on the date stated above at 9 a.m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY cold
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. L. Woods M. D.

Mar. 10, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Mar. 11 1923

2 UNDERTAKER Address

Geo. P. Staffan Chelsea, Mich.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County Washtenaw
Township Lyndon
Village Chelsea
City _____

Registered No. 6

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Staffan

(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Michael Staffan

6 DATE OF BIRTH (Month, day and year) Oct. 16, 1844

7 AGE Years 78 Months 6 Days 24 If LESS than 1 day _____ hrs. OR _____ m'n.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER John Emmer

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Mary Gaf.

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Geo. P. Staffan

(Address) Chelsea, Mich.

15 Filed March 29, 1923 R.W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 10 1923

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1923, to March 8, 1923

that I last saw him alive on March 8, 1923 and

that death occurred on the date stated above at 7:20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis cordis (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Andros Gulde M. D.

March 12, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Mt. Olivet Cemetery March 13, 1923

2 UNDERTAKER Address

Geo. P. Staffan Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		MICHIGAN DEPARTMENT OF HEALTH	
County <u>Washtenaw</u>		Division of Vital Statistics	
Township <u>Lima</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>7</u>	
City _____		(No. _____ St. _____ Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Caroline Townsend</u>		St., Ward. _____	
(a) Residence No. _____		(If non-resident give city or town and state) _____	
(Usual place of abode)		How long in U. S., if of foreign birth? yrs. mos. ds.	
Length of residence in city or town where death occurred yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 Color or Race <u>white</u>	16 DATE OF DEATH (Month, day and year) <u>March 16</u> 19 <u>23</u>	
5 Single, Married, Widowed or Divorced (Write the word) <u>widowed</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>March 15</u> , 19 <u>23</u> , to <u>March 16</u> , 19 <u>23</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>U. D. Townsend</u>		that I last saw him alive on <u>March 15</u> , 19 <u>23</u> and that death occurred on the date stated above at <u>2:30 P.</u>	
6 DATE OF BIRTH (Month, day and year) <u>Feb. 10, 1845</u>		The CAUSE OF DEATH* was as follows:	
7 AGE Years <u>78</u>	Months <u>1</u>	Days <u>6</u>	<u>Cerebral apoplexy.</u>
If LESS than 1 day _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u>		(duration) _____ yrs. _____ mos. _____ ds.	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Own Home</u>		CONTRIBUTORY (Secondary) <u>Arteriosclerosis</u>	
(c) Name of employer. _____		(duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (city or town) (state or country) <u>Michigan</u>		18 Where was disease contracted If not at place of death? _____	
10 NAME OF FATHER <u>David Dixon</u>		Did an operation precede death? <u>no</u> Date of _____	
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>New York</u>		Was there an autopsy? <u>no</u>	
12 MAIDEN NAME OF MOTHER <u>Zillah P. Tyler</u>		What test confirmed diagnosis? _____	
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>New York</u>		(Signed) <u>Andreas Gulde</u> M. D.	
14 Informant <u>Homer Townsend</u>		Mar. 16, 19 <u>23</u> , Address <u>Chelsea, Mich.</u>	
(Address) <u>Chelsea, Mich.</u>		*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
15 Filled <u>Mar. 29, 19 23</u> <u>G. W. G. W. G. W.</u> Registrar.		19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove Cemetery</u> Date of Burial <u>Mar. 18 19 23</u>	
		2 UNDERTAKER <u>Geo. P. Stafford</u> Address <u>Chelsea, Mich.</u>	

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

Registered No. 8
St. _____ Ward _____

(No. _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Flora Merker

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced
HUSBAND of Chas. Merker
(or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Jan. 5, 1871

7 AGE Years 52 Months 1 Days 11 If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Michigan
(state or country)

10 NAME OF FATHER Ruben Brownell

11 BIRTHPLACE OF FATHER (city or town) Michigan
(state or country)

12 MAIDEN NAME OF MOTHER Florine Richmond

13 BIRTHPLACE OF MOTHER (city or town) Michigan
(state or country)

14 Informant Ruben Brownell
(Address) Chelsea, Mich.

15 Filed _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 16 19 23

17 I HEREBY CERTIFY, That I attended deceased from Mar. 16, 19 23, to Mar. 16, 19 23

that I last saw her alive on few weeks ago, 19 _____ and that death occurred on the date stated above at 9:25 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Andras Siede M. D.

Mar. 17, 19 23, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial.

Oak Grove Cemetery Mar. 19 1923

2 UNDERTAKER Address

Geo. P. Staffan Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Lyndon
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob Dancer

(a) Residence No. Jacob St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Phoebe Coy

6 DATE OF BIRTH (Month, day and year) May 1, 1835

7 AGE Years Months Days If LESS than
87 11 27 1 day _____ hrs. OR _____ m'n.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER James Dancer

11 BIRTHPLACE OF FATHER (city or town) (state or country) England

12 MAIDEN NAME OF MOTHER Fannie Goodhue

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant N. J. Dancer
(Address) Chelsea, Mich

15 Filed May 3, 19 23 Elmhurst
Regist.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 27 19 23

17 I HEREBY CERTIFY, That I attended deceased from March 3, 19 23, to March 30, 19 23
that I last saw him alive on April 23, 19 23, and
that death occurred on the date stated above at 3 a m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Geo. W. Palmer M. D.April 27, 19 23, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery April 30 19 23

2 UNDERTAKER Address

Geo. P. Staffan Chelsea, Mich

1 PLACE OF DEATH
County Washtenaw
Township Lyons
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles A. Stephenson

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lucy Smith

6 DATE OF BIRTH (Month, day and year) Oct. 9, 1885

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ m'n.
67 7 5

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Mr. Stephenson

11 BIRTHPLACE OF FATHER (city or town) (state or country) Pennsylvania

12 MOTHER'S NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown

14 Informant Mrs. Lucy Stephenson
(Address) Chelsea, Mich.

15 Filed May 17, 1923 Ed. J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 17 1923

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1922, to May 17, 1923 that I last saw him alive on May 14, 1923 and that death occurred on the date stated above at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Multiple Infarcts

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted? At Place of death
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) H. W. Schmidt M. D.
May 10, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery

May 17 1923

2 UNDERTAKER

S. A. Mapes

Address Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Lybran
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. 112 FULL NAME Sarah J. Gates

(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced
HUSBAND of John R. Gates
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Jan. 20, 1844

7 AGE Years Months Days If LESS than
79 6 16 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) New Jersey

10 NAME OF FATHER Thos. Frazer

11 BIRTHPLACE OF FATHER (city or town) (state or country) Michigan

12 MAIDEN NAME OF MOTHER Letitia Frazer Remant

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New Jersey

14 Informant Edward Vogel
(Address) Chelsea, Mich.

15 Filed July 6, 19 23 Superintendent
Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 8 19 23

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 19 22, to _____, 19 _____

that I last saw him alive on _____, 19 _____ and

that death occurred on the date stated above at 12A m.

The CAUSE OF DEATH* was as follows:

malignant endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) L. T. Bush M. D.

June 10, 19 23, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery June 11, 19 23

2 UNDERTAKER Address

L. P. Steffan Chelsea, Mich.

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Theodore W. Wademyer

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of Elizabeth Baitch
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Nov. 28, 1860

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ m'n.
62 6 11

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Township Treas.

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

(c) Name of employer Tax Collector

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Geo. F. Wademyer

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Augusta E. Bruner

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Elizabeth Wademyer
(Address) Chelsea, Mich.

15 Filed July 6, 1923 Geo. Walovich
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 8 1923

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1923 to June 8, 1923

that I last saw him alive on June 8, 1923 and

that death occurred on the date stated above at 5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) _____ yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis?

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

June 10, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Hill Cemetery

Date of Burial

June 11 1923

2 UNDERTAKER

Geo. F. Staffan

Address

Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washington
Township Lujan
Village Cheloa
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 132 FULL NAME Walter Dancer

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary Ann Dancer

6 DATE OF BIRTH (Month, day and year) June 21, 1844

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
78 11 18

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer. Ret. 15 years

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Henry Dancer

11 BIRTHPLACE OF FATHER (city or town) (state or country) Michigan

12 MAIDEN NAME OF MOTHER Emily Gully

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Michigan

14 Informant Henry Dancer
(Address) Cheloa, Mich.

15 Filed July 6, 1923 L. W. Ulrich
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 9 19 23

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1923, to May 20, 1923
that I last saw him alive on May 20, 1923, and
that death occurred on the date stated above at 11:45 a.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

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

June 10, 1923, Address Cheloa, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove Cemetery June 12, 1923

2 UNDERTAKER Geo. P. Staffan Address Cheloa, Mich.

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 14

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Jane Mudge

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) August 3, 1846

7 AGE Years Months Days If LESS than 1 day hrs. OR m'n.
76 11 3

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Ohio

10 NAME OF FATHER Jerry Bull

11 BIRTHPLACE OF FATHER (city or town) (state or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Priest

13 BIRTHPLACE OF MOTHER (city or town) (state or country)

14 Informant Mrs. Henry Ahnemann
(Address) Chelsea, Mich

15 Filled July 20, 1922 Edw. Valenich
Regist. Rw.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 17 19 22

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1922, to July 16, 1922, that I last saw him alive on July 16, 1922, and that death occurred on the date stated above at 20 m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 3 yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical exam
(Signed) H. W. Schmidt M. D.

July 17, 1922, Address Chelsea, Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Grant, Michigan

Date of Burial July 18, 1922

20 UNDERTAKER

S. A. Maper

Address Chelsea, Mich

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

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
 County Washtenaw
 Township Lima
 Village Chelsea
 City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

 Registered No. 15

(No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John George Bareis

(a) Residence No. _____ St., Ward _____ (If non-resident give city or town and state)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced
 HUSBAND of Caroline Schneider
 (or) WIFE of

6 DATE OF BIRTH (Month, day and year)

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
82 0 7

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Germany

10 NAME OF FATHER Geo. Bareis

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Schwarz

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Fred Bareis
 (Address) Chelsea Mich. 378.

15 Filed July 20, 19 23 G. W. Walworth
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 12 19 23

17 I HEREBY CERTIFY, That I attended deceased from July 3, 19 22, to July 11, 19 23
 that I last saw him alive on July 11, 19 23, and that death occurred on the date stated above at 9:15 A.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis
myocarditis
Decubitis cystitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Andros Guide M. D.

July 12, 19 23 Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Zion Cemetery, Chelsea, Mich. July 14 19 23

2 UNDERTAKER Address

Geo. P. Staffan Chelsea, Mich.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. ~~15~~ 15

St. Ward)

(No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

County Washtenaw
Township Llan
Village Chelsea
City

2 FULL NAME Sarah E. Reed

(a) Residence No. 158 Orchard St. St., Ward. (If non-resident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mr. Richard Reed

6 DATE OF BIRTH (Month, day and year) May 1st. 1840

7 AGE Years Months Days If LESS than 1 day hrs. OR m'n.
83 2 12

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Kentucky
(state or country)

10 NAME OF FATHER Mr. Cowheard

11 BIRTHPLACE OF FATHER (city or town) U.S.A.
(state or country)

12 MAIDEN NAME OF MOTHER Mary Owen

13 BIRTHPLACE OF MOTHER (city or town) U.S.A.
(state or country)

14 Informant Florence Turner Bull
(Address) Chelsea, Mich.

15 Filled July 20, 1923 Everalworth Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 12 1923

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1923, to July 12, 1923, that I last saw him alive on July 12, 1923 and that death occurred on the date stated above at 10 P. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

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

July 12, 1923 Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Vermont Cemetery, Chelsea, Mich. Date of Burial July 10, 1923

2 UNDERTAKER Geo. P. Staffan Address Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washington
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1716
(No. Old Peoples Home St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Sarah E. Randolf
(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____
6 DATE OF BIRTH (Month, day and year) Dec. 1 - 1830
7 AGE Years Months Days If LESS than 1 day hrs. OR min.
92 7 19

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) New York
(state or country)

10 NAME OF FATHER Samuel Herick

11 BIRTHPLACE OF FATHER (city or town) New York
(state or country)

12 MAIDEN NAME OF MOTHER Sarah Newman

13 BIRTHPLACE OF MOTHER (city or town) New York
(state or country)

14 Informant Isaac Brosius
(Address) Chelsea, Mich.

15 Filled July 24, 1923 G. W. Walworth
Rw. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 20 19 23

17 I HEREBY CERTIFY, That I attended deceased from July 3, 19 23, to July 20, 19 23 that I last saw her alive on July 20, 19 23 and that death occurred on the date stated above at 11 A m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart
Mitral Insufficiency
(duration) yrs. mos. ds.

CONTRIBUTORY Hypostatic pneumonia
(Secondary) (duration) yrs. mos. 3 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of _____
Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) J. Y. Bush M. D.
July 20, 19 23 Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial
Oak Grove Cemetery July 22, 1923

2 UNDERTAKER Address
S. A. Mapes Chelsea, Mich.

1 PLACE OF DEATH
County Washington
Township Dylan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 17

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susan E. Canfield

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Jan. 13, 1847

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
76 6 23

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Orland Clark

11 BIRTHPLACE OF FATHER (city or town) (state or country) New York

12 MAIDEN NAME OF MOTHER Catherine Sibley

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Howard Canfield
(Address) Chelsea, Mich.

15 Filled Aug 10, 1923 G. W. Walworth
Rev Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug. 6 1923

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1923, to Aug. 6, 1923, that I last saw her alive on Aug 6, 1923, and that death occurred on the date stated above at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of both breasts

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Geo. W. Palmer M. D.
_____, 19____, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery

Aug 8 1923

2 UNDERTAKER

L. A. Mapes

Address

Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Ann M. Schumaker
(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 18

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed
5a If married, widowed or divorced, HUSBAND of (or) WIFE of Jacob Schumaker
6 DATE OF BIRTH (Month, day and year) _____
7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
79 3 0

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Leo Schleichter

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Koch

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Minnie Schumacher
(Address) Chelsea Mich

15 Filed Aug 20, 19 23 Evelynworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug. 13 19 23

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 19 13, to Aug 13, 19 23
that I last saw him alive on Aug 13, 19 23 and
that death occurred on the date stated above at 120 m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (Secondary) chronic myocarditis
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

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

Aug 15, 19 23, Address Chelsea, Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Hill Cemetery

Aug 16 19 23

2 UNDERTAKER Address

S. D. Mapes

Chelsea, Mich

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

Registered No. 19

2 FULL NAME Paul Robert Oesterle

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of May 19, 1916

6 DATE OF BIRTH (Month, day and year)

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
7 3 0

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Chelsea, Mich.
(state or country)

10 NAME OF FATHER Ind. Oesterle

11 BIRTHPLACE OF FATHER (city or town) Sylvan Twp. Mich.
(state or country)

12 MAIDEN NAME OF MOTHER Lessa Gutzwiller

13 BIRTHPLACE OF MOTHER (city or town) Jackson Mich.
(state or country)

14 Informant Mrs. F. Oesterle
(Address) Chelsea, Mich.

15 Filed Sept. 3, 1923 Givocalionth Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug. 19 1923

17 I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1923 to Aug. 19, 1923

that I last saw him alive on a m. before, 1923 and that death occurred on the date stated above at 3:30 p.

The CAUSE OF DEATH* was as follows:

Accidentally drowned in condensed reservoir.
(duration) _____ yrs. _____ mos. one ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) Andreas Laeder M. D.

Aug. 20, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Aug. 21 1923

2 UNDERTAKER Address Chelsea, Mich.
Geo. P. Staffan

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

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20

City (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Lee Nourse Jr.

(a) Residence No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Sept. 3, 1923

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
1

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer.

9 BIRTHPLACE (city or town) Chelsea, Mich.
(state or country)

10 NAME OF FATHER Robert Lee Nourse

11 BIRTHPLACE OF FATHER (city or town) Michigan
(state or country)

12 MAIDEN NAME OF MOTHER Mettie Wells

13 BIRTHPLACE OF MOTHER (city or town) New York
(state or country)

14 Informant Robert Lee Nourse
(Address) Chelsea, Mich.

15 Filed Sept. 5, 1923 Georgelush
R. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept. 4 19 23

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1923, to Sept. 4, 1923

that I last saw him alive on Sept. 3, 1923 and that death occurred on the date stated above at 1 A. m.

The CAUSE OF DEATH* was as follows:

Birth injury, jump delivery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gray Delany M. D.

Sept. 4, 1923, Address Ann Arbor, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Sept. 5, 1923

2 UNDERTAKER Address
Geo. P. Staffan Chelsea, Mich.

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City M. E. Rome (No. 21) St. 21 Ward 21
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edson Dunning

(a) Residence No. Edson Dunning St., Ward. 21
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Jan. 20, 1837
(Month, day and year)

7 AGE Years 86 Months Days If LESS than
1 day hrs. OR min.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer.

9 BIRTHPLACE (city or town) Michigan
(state or country)

10 NAME OF FATHER J. M. Dunning

11 BIRTHPLACE OF FATHER (city or town) Unknown
(state or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(state or country)

14 Informant Mrs. Edith Teelers
(Address) Lansing, Michigan

15 Filed Oct. 27, 1923 Survall Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept. 29 1923

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1923, to Sept. 29, 1923

that I last saw him alive on Sept. 29, 1923 and that death occurred on the date stated above at 4 A. m.

The CAUSE OF DEATH* was as follows:

Epithelioma of face

(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

Decay of lungs (duration) 7 yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S. H. Bush M. D.
Sept. 29, 1923 Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Rose Lawn Cemetery Sept. 1, 1923
2 UNDERTAKER S. H. Wallace Address Tracy, Mich.

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

MARGIN RESERVED FOR BINDING

Form 93a-6-5-21-1000 Books-100 pages.

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH
 County Washtenaw
 Township Sylvan
 Village Chelsea
 City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 22

(No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Richard S. Whalian

(a) Residence No. _____ St., Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced
 HUSBAND of Mrs. Glenn
 (or) WIFE of

6 DATE OF BIRTH (Month, day and year) April 29, 1845

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
78 5 8

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Connecticut10 NAME OF FATHER Thomas Whalian11 BIRTHPLACE OF FATHER (city or town) (state or country) Unknown12 MAIDEN NAME OF MOTHER Amelia Buckley13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown

14 Informant Mrs. Carey Tremmel
 (Address) Ann Arbor, Mich.

15 Filed Oct. 10, 1923 G. W. Walworth
R. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct. 7 19 23

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____ and
 that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Fracture of skull caused by
being struck by a M. C. R. R.
train at Chelsea Main St. Crossing
 _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Acting Coroner
 (Signed) Howard Brooks _____ M. D.

_____, 19____, Address Chelsea, Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL _____ Date of Burial _____

North Lake Cemetery Oct. 10 1923
 2 UNDERTAKER S. D. Mapes Address Chelsea, Mich

1 PLACE OF DEATH
County Washtenaw
Township Livonia
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 23

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

(a) Residence No. Roxana Glover St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of May 7, 1859

6 DATE OF BIRTH (Month, day and year)

7 AGE Years Months Days If LESS than 1 day hrs. OR m'n.
64 4 28

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) Ohio
(state or country)

10 NAME OF FATHER Eleon Reed

11 BIRTHPLACE OF FATHER (city or town) England
(state or country)

12 MAIDEN NAME OF MOTHER Cornelia Granger

13 BIRTHPLACE OF MOTHER (city or town) Mass.
(state or country)

14 Informant Mrs. J. Mc Manus
(Address) Chelsea, Mich.

15 Filed Oct 18, 1923 G.W. Malworth
R.V. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct. 5 1923

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1923, to Oct. 5, 1923, that I last saw him alive on Oct. 5, 1923 and that death occurred on the date stated above at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pericardial Anemia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY Asbestosis Pneumonia
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

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

Oct. 7, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery

Oct 9 1923

2 UNDERTAKER

S. A. Mapes

Address Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH
 County Washtenaw
 Township Sylvan
 Village Chelsea
 City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 24

(No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Almon H. Jaham

(a) Residence No. _____ St., Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) May. 23, 1841

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
82 4 10

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan10 NAME OF FATHER Almon Jaham11 BIRTHPLACE OF FATHER (city or town) (state or country) Vermont12 MAIDEN NAME OF MOTHER Rhoda Walker13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York14 Informant Ben. Jaham
(Address) Chelsea, Mich.15 Filed Oct. 15, 1923 G. W. Walworth
R. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct. 10 1923

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1923, to Oct. 20, 1923, that I last saw him alive on Oct. 10, 1923, and that death occurred on the date stated above at 9 P. m.

The CAUSE OF DEATH* was as follows:

Nalruled Disease of Heart
(Mitral regurgitation)
myocarditis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic Lung
 (Secondary)
 (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
 If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
 (Signed) S. H. Bush M. D.

Oct. 12, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Pineknay, Mich. Oct. 13, 1923

2 UNDERTAKER S. A. Mapes Address Chelsea, Mich.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County Houghton
Township Sylvan
Village Chilsea
City _____

Registered No. 25

(No. Old People's Home St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Franklin P. Ford

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) September 4, 1845

7 AGE Years Months Days
78 2 18
If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

None

9 BIRTHPLACE (city or town) (state or country) New York

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (state or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown

14 Informant Isaac Brosius
(Address) Chilsea, Mich.

15 Filed Nov. 28, 19 23 G. W. Walworth Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 21 19 23

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 19 23, to Nov. 21, 19 23
that I last saw him alive on Nov. 21, 19 23 and that death occurred on the date stated above at 8 A. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Fracture of Femur
(Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) S. G. Bush, M. D.
Nov 24, 19 23 Address Chilsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Adrian, Michigan Date of Burial Nov 24 19 23
2 UNDERTAKER S. A. Maper Address Chilsea, Mich.

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

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

1 PLACE OF DEATH
County Washington
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 26

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME _____

(a) Residence No. Milo A. Shaner St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Clara A. Whipple

6 DATE OF BIRTH (Month, day and year) July 7, 1863

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
60 4 3

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Jacob Shaner

11 BIRTHPLACE OF FATHER (city or town) (state or country) New York

12 MAIDEN NAME OF MOTHER Sarah Mc Comb

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Mrs. Rose Gregg
(Address) Chelsea Mich.

15 Filed Dec. 3, 1923 G. W. Walworth
Ku Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 28 19 23

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1923, to Nov. 28, 1923 that I last saw him alive on Nov. 28, 1923 and that death occurred on the date stated above at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) S. H. Bush M. D.
Nov. 30, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Dec. 1 1923
2 UNDERTAKER S. A. Mapes Address Chelsea, Mich.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

I PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

Registered No. 27

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Michael Merkel

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Christina Merkel

6 DATE OF BIRTH (Month, day and year) August 17, 1853

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
70 15 2

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 6 years
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Germany

10 NAME OF FATHER Henry Merkel

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Clara Foster

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Mrs. Michael Merkel
(Address) Chelsea, Mich.

15 Filled Nov. 30, 1923 G. W. Walworth Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov. 19 1923

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1923, to Nov. 18, 1923

that I last saw him alive on Nov. 18, 1923 and

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

The CAUSE OF DEATH* was as follows:

Sclerosis of Cora arteries
and base of aorta
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical

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

Nov. 20, 1923, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Mt. Albert Cemetery Nov 22 19 23

20 UNDERTAKER Address

Geo. P. Steffen Chelsea, Mich.

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

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Form 93a—9-5-21—1000 Books—100 pages.

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

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 28(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Ruth Jane Brooks

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frank Brooks6 DATE OF BIRTH (Month, day and year) June 16, 1856

7 AGE Years 67 Months 5 Days 13 If LESS than 1 day.....hrs. OR.....min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Michigan
(state or country)10 NAME OF FATHER Chas. Young11 BIRTHPLACE OF FATHER (city or town) England
(state or country)12 MAIDEN NAME OF MOTHER Betty Loomis13 BIRTHPLACE OF MOTHER (city or town) U.S.A.
(state or country)14 Informant J. Brooks
(Address) Chelsea, Mich.15 Filed Dec. 31, 19 23 G. M. Malworth
Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec. 29 19 2317 I HEREBY CERTIFY, That I attended deceased from Dec. 22nd, 19 23, to Dec. 29, 19 23that I last saw her alive on Dec. 29, 19 23 andthat death occurred on the date stated above at 10:30 P.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy.
Left Hemiplegia

(duration).....yrs.mos.ds.

CONTRIBUTORY Chronic nephritis
(Secondary)

(duration).....yrs.mos.ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) A. A. Palmer M. D.Jan 1, 19 24, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Jan 1, 19 24

2 UNDERTAKER Address

Geo. P. Staffan Chelsea, Mich.

1924

I PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

County Washtenaw

Division of Vital Statistics

Township Sylvan

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 1

City _____

(No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Martha A. Jenne(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) widowed5a If married, widowed or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH (Month, day and year) May 25, 18417 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ m.n.
82 7 6

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

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

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan10 NAME OF FATHER Joseph Hupwold11 BIRTHPLACE OF FATHER (city or town) (state or country) New York12 MAIDEN NAME OF MOTHER Martha Alexander13 BIRTHPLACE OF MOTHER (city or town) (state or country) New Jersey14 Informant C. J. Malvorich
(Address) Chelsea, Mich15 Filed Jan 4, 1924 C. J. Malvorich
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan 1 192417 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1923, to Dec. 31, 1923that I last saw her alive on Dec. 31, 1923 and that death occurred on the date stated above at 9 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis
Left Hemiplegia
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) A. A. Palmer, M. D., 19 _____ Address Chelsea, Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Jan 3 1924

2 UNDERTAKER

S. A. Mapea

Address

Chelsea, Mich

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

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Form 93a—9-6-21—1000 Books—100 pages.

PARENTS

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I PLACE OF DEATH		MICHIGAN DEPARTMENT OF HEALTH	
County <u>Washtenaw</u>		Division of Vital Statistics	
Township <u>Sylvan</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>2</u>	
City		(No. <u>Old Peoples Home</u> St. <u> </u> Ward <u> </u>) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Anson George</u>			
(a) Residence No. <u> </u> St., Ward <u> </u> (Usual place of abode)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>widower</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of			
6 DATE OF BIRTH (Month, day and year) <u>April 14 - 1841</u>			
7 AGE	Years <u>82</u>	Months <u>8</u>	Days <u>20</u>
	If LESS than 1 day.....hrs. OR.....min.		
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer.			
9 BIRTHPLACE (city or town) (state or country) <u>New York</u>			
10 NAME OF FATHER <u>Unknown</u>			
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>Unknown</u>			
12 MAIDEN NAME OF MOTHER <u>Unknown</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Unknown</u>			
14 Informant <u>Isaac Brosius</u> (Address) <u>Chelsea, Mich.</u>			
15 Filed <u>Jan. 7</u> , 19 <u>24</u> <u>Geo. Walworth</u> Registrar. <u>Rev.</u>			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Jan. 4</u> 19 <u>24</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Oct. 2</u> , 19 <u>23</u> , to <u>Jan. 4</u> , 19 <u>24</u> that I last saw him alive on <u>Jan. 4</u> , 19 <u>24</u> and that death occurred on the date stated above at <u>11 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Chronic myocarditis</u> (duration).....yrs.....mos.....ds. CONTRIBUTORY <u>Pulmonary edema</u> (Secondary) (duration).....yrs.....mos.....ds. 18 Where was disease contracted If not at place of death? Did an operation precede death?..... Date of..... Was there an autopsy? What test confirmed diagnosis? (Signed) <u>S. H. Bush</u> M. D. <u>Jan. 5</u> , 19 <u>24</u> , Address <u>Chelsea, Mich.</u> *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove Cemetery</u> Date of Burial <u>Jan. 7</u> 19 <u>24</u> 2 UNDERTAKER <u>S. A. Mapes</u> Address <u>Chelsea, Mich.</u>			

PARENTS

1 PLACE OF DEATH
County Washtenaw
Township Lylan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

(No. 634 Taylor St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank B. Roll

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced
HUSBAND of Lillian M. Roll
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) April 21, 1860

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
63 8 25

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Galion Ohio

10 NAME OF FATHER John Roll

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Hessay

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Mrs. Lillian M. Roll
(Address) Chelsea, Mich.

15 Filed Jan 19, 1924 G. W. Alworth Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan 15 1924

17 I HEREBY CERTIFY, That I attended deceased from July, 1923, to Jan 15, 1924
that I last saw him alive on Jan 14, 1924 and
that death occurred on the date stated above at 8 P. m.

The CAUSE OF DEATH* was as follows:

Permeation
Aneurysm
(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Artery Sclerosis
(duration) Several yrs. 0 mos. 0 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Blood
(Signed) J. W. Woods M. D.

Jan 17, 1924, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Ann Arbor, Mich. Date of Burial Jan 19 1924

2 UNDERTAKER B. J. Hildinger Address Ann Arbor Mich.

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

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

I PLACE OF DEATH
 County Washtenaw
 Township Sylvan
 Village Chelsea
 City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

 Registered No. 4

(No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

 2 FULL NAME Jiles Stewart

(a) Residence No. _____ St., Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race Colored 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Alice Mathews

6 DATE OF BIRTH (Month, day and year) Unknown

7 AGE Years 58 Months _____ Days _____ If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Common Laborer
 (c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER L.B. Stewart

11 BIRTHPLACE OF FATHER (city or town) (state or country) Ohio

12 MAIDEN NAME OF MOTHER Martha Bird

13 BIRTHPLACE OF MOTHER (city or town) (state or country)

14 Informant Alice Stewart
 (Address) Chelsea, Mich.

15 Filed Feb 1, 19 24 L. W. Hawthorth
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan. 28 1924

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1923, to Jan. 28, 1924
 that I last saw him alive on Jan. 28, 1924 and
 that death occurred on the date stated above at 4 P. m.

The CAUSE OF DEATH* was as follows:

Uremia
Chronic Myocarditis
Chronic Parenchymatous nephritis
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

18 Where was disease contracted
 If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A. A. Palmer M. D.
Jan. 28, 1924, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Cassopolis, Mich. Jan. 31 1924

2 UNDERTAKER Address
Geo. P. Staffan Chelsea, Mich.

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5

(No. Old People's Home St. _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Priscilla Converse

(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Sept. 29, 1836

7 AGE Years Months Days If LESS than
87 4 0 1 day.....hrs.
OR.....m'n.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Erastus Beebe

11 BIRTHPLACE OF FATHER (city or town) (state or country) New York

12 MAIDEN NAME OF MOTHER Elizabeth Grinnell

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Mrs. Randall
(Address) Birmingham, Michigan

15 Filed Jan. 31, 1924 Superintendent
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan. 29, 1924

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1924, to Jan. 29, 1924, that I last saw him alive on Jan. 29, 1924 and that death occurred on the date stated above at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Interstitial

(duration) yrs. mos. ds.

CONTRIBUTORY Acidemia of Lungs
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) L. H. Bush M. D.

Jan 30, 1924, Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Birmingham, Michigan Jan 31 1924

2 UNDERTAKER Address

P. A. Mapes Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

(No. _____) St. _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ray C. Cook

(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) February 3-1887

7 AGE Years Months Days If LESS than
37 1 20 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Mich

10 NAME OF FATHER Delvin H. Cook

11 BIRTHPLACE OF FATHER (city or town) (state or country) Michigan

12 MAIDEN NAME OF MOTHER Anna Riggs

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Michigan

14 Informant Mrs. Otto Hendrick
(Address)

15 Filed March 28, 1924 P. E. Maroney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 23 1924

17 I HEREBY CERTIFY, That I attended deceased from Nov-15, 1923, to March 23, 1924
that I last saw him alive on March 23, 1924 and
that death occurred on the date stated above at 10 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) X yrs. _____ mos. _____ ds.

CONTRIBUTORY Cerebral apoplexy
(Secondary)

(duration) _____ yrs. 3 mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. B. Bush M. D.

March 24, 1924, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Vermont Cemetery Mar 26 1924

2 UNDERTAKER Address

J. A. Mapes Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County Washtenaw
Township Sylvan
Village Chelsea
City _____

Registered No. 7
St. _____ Ward _____

(No. _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Belle Alice Storms

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of Frank Storms

6 DATE OF BIRTH (Month, day and year) Nov. 21, 1871

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
52 4 13

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) New Hampshire
(state or country)

10 NAME OF FATHER Chas Chandler

11 BIRTHPLACE OF FATHER (city or town) New Hampshire
(state or country)

12 MAIDEN NAME OF MOTHER Mary Howell

13 BIRTHPLACE OF MOTHER (city or town) New Hampshire
(state or country)

14 Informant Frank Storms
(Address) Chelsea Mich

15 Filled APR 9 1924 H. Marenco
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) _____ 19____

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1923, to April 3, 1924
that I last saw her alive on April 3, 1924 and
that death occurred on the date stated above at 89 m.

The CAUSE OF DEATH* was as follows:

Solus Carcinoma
Chronic Myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Primary Sch Cancer
(Secondary) of L Breast (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? yes Date of May 1923
Was there an autopsy? no

What test confirmed diagnosis? Clinical & Pathological
(Signed) A. A. Palmer M. D.

, 19____, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cemetery Date of Burial Apr 7 1924

2 UNDERTAKER S. A. Mapes Address Chelsea

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

MARGIN RESERVED FOR BINDING

Form 93a—0-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maud Irene Scham

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) June 24 - 1904

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
19 9 11

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan10 NAME OF FATHER Henry Scham11 BIRTHPLACE OF FATHER (city or town) (state or country) Michigan12 MAIDEN NAME OF MOTHER Lula Hudson13 BIRTHPLACE OF MOTHER (city or town) (state or country) Michigan14 Informant Henry Scham
(Address) Chelsea Mich15 Filed April 15, 1924 H. Maroney Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 5 1924

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1923, to April 5, 1924
that I last saw her alive on April 5, 1924 and that death occurred on the date stated above at 10 P. m.

The CAUSE OF DEATH* was as follows:
Chronic pyelonephritis

(duration) 3 yrs. mos. ds.CONTRIBUTORY Oedema of lungs
(Secondary)

(duration) _____ yrs. mos. ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) S. S. Bush M. D.Apr. 5, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove Cemetery Apr 8 19242 UNDERTAKER S. S. Shapiro Address Chelsea

PLACE OF DEATH
County Washtenaw
Township _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village Chelsea

Registered No. 4

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Schanz

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Otto Schanz

6 DATE OF BIRTH (Month, day and year) Nov. 5-1887

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
46 4 27

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Waco, Tex.

10 NAME OF FATHER Verdan Stiehl

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Ludwig Gerholz

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Otto Schanz
(Address) Chelsea Mich

15 Filed May 2, 1924 Barney
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 2 1924

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1923, to Apr 2, 1924
that I last saw her alive on April 2, 1924 and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Smear

(Signed) A. A. Palmer, M. D.

April 3, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial _____

Oak Grove Cemetery Chelsea April 5 1924

2 UNDERTAKER Address _____

Geo P. Hoffman Chelsea Mich

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Margaret Wade

(a) Residence No. _____ St., Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of James Wade6 DATE OF BIRTH (Month, day and year) Oct 13 1850

7 AGE Years 73 Months 7 Days 1 If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer at home9 BIRTHPLACE (city or town) (state or country) Michigan10 NAME OF FATHER James Savage11 BIRTHPLACE OF FATHER (city or town) (state or country) Ireland12 MAIDEN NAME OF MOTHER Mary Nead13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ireland14 Informant James Wade (Address) Chelsea Mich15 Filed 9/7, 1924 Chenoweth Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 14 1924

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1924, to May 14, 1924, that I last saw her alive on May 14, 1924, and that death occurred on the date stated above at 9³⁰ a.m.

The CAUSE OF DEATH* was as follows:

Obstructive Jaundice
acute duodenal intoxication

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Andrew Gulde, M. D.7/5, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St Olisich Cemetery Chelsea Mich Date of Burial May 19242 UNDERTAKER Geo P. Hoffman Address Chelsea Mich

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County Washtenaw
Township _____
Village Chelsea

Registered No. 6

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Christian John Schneider

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH February 6th 1924
(Month, day and year)

7 AGE Years Months Days If LESS than
3 22 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Michigan
(state or country)

10 NAME OF FATHER John Schneider

11 BIRTHPLACE OF FATHER (city or town) Michigan
(state or country)

12 MAIDEN NAME OF MOTHER Ester Page

13 BIRTHPLACE OF MOTHER (city or town) Michigan
(state or country)

14 Informant John Schneider
(Address) Chelsea Mich

15 Filled May 31, 1924 Tomaroney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 28 1924

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1924, to May 28, 1924, that I last saw him alive on May 28, 1924, and that death occurred on the date stated above at 8 a. m.

The CAUSE OF DEATH* was as follows:

Acute enterocolitis

(duration) _____ yrs. mos. 6 ds.

CONTRIBUTORY Acute bronchopneumonia
(Secondary)

(duration) _____ yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis?
(Signed) S. S. Bush, M. D.

May 30, 1924, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cape Cross Date of Burial May 30 1924

2 UNDERTAKER J. A. Mapes Address Chelsea

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washburn

Township _____

Village Chelsea

City _____

2 FULL NAME Maranda Mc Knight

(a) Residence No. _____

(Usual place of abode)

Length of residence in city or town where death occurred

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7(No. Old Peoples Home St. _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)(a) Residence No. _____ St., Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widow5a If married, widowed or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (Month, day and year) Nov. 21-18327 AGE Years Months Days If LESS than
91 6 10 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer.

9 BIRTHPLACE (city or town), (state or country) New York10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town), (state or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town), (state or country) Unknown14 Informant Mrs. Mills(Address) Ann Arbor Mich15 Filed June 3rd, 1924 O. B. Maroney Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 31 192417 I HEREBY CERTIFY, That I attended deceased from May 28, 1924, to May 31, 1924that I last saw her alive on May 31, 1924 andthat death occurred on the date stated above at 11 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia(duration) _____ yrs. _____ mos. 3 ds.CONTRIBUTORY Oedema of Lungs (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) S. B. Bush M. D.June 2, 1924, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery June 21 1924

2 UNDERTAKER Address

J. A. Mapes. Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea

Registered No. 8

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertha Leach

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Robert Leach

6 DATE OF BIRTH (Month, day and year) Aug 10 - 1873

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
50 10 21

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Ludwig Weber

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Wilhemina Grey

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Robert Leach
(Address) Chelsea Mich

15 Filed July 3, 1924 H. Maroney
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 1 1924

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1924, to June 30, 1924, that I last saw her alive on June 30, 1924 and that death occurred on the date stated above at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Gulde, M. D.
July 2, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery July 3 1924
2 UNDERTAKER J. A. Mape Address Chelsea

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

MARGIN RESERVED FOR BINDING

Form 93a-9-5-21-1000 Books-100 pages.

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

PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel Tucker

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND or (or) WIFE of Nettel Sharon Tucker

6 DATE OF BIRTH (Month, day and year) Mar 20 1847

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
77 5 10

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Freedom Mich
(state or country)

10 NAME OF FATHER Stephen Tucker

11 BIRTHPLACE OF FATHER (city or town) Mich
(state or country)

12 MAIDEN NAME OF MOTHER Christena Freeman

13 BIRTHPLACE OF MOTHER (city or town) Mich
(state or country)

14 Informant Nettie Tucker
(Address) Chelsea Mich

15 Filed July 26, 1924 P. G. Maroney
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 20 1924

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1924, to July 19, 1924, and that I last saw him alive on July 19, 1924, and that death occurred on the date stated above at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
Atherosclerosis
Goutte Large. (non Exophthalm)
(duration) _____ yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ✓Did an operation precede death? No. Date of _____Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Anders Gulde M. D.
July 22, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Normal Cemetery, Chelsea Mich July 23, 1924

2 UNDERTAKER Address
Geo. P. Staffan Chelsea Mich

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10
(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Eva Mary Kantlechner
(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Fred Kantlechner

6 DATE OF BIRTH (Month, day and year) July 10 - 1841

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ m'n.
83 19

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer. at home

9 BIRTHPLACE (city or town) (state or country) Germany

10 NAME OF FATHER Bauer

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant Kantlechner (Address) Chelsea Mich

15 Filed Aug 2, 1926 C. E. Mason Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 29 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to July 28, 1926 that I last saw her alive on July 28, 1926 and that death occurred on the date stated above at 70 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

CONTRIBUTORY (Secondary)

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical (Signed) Geo W. Palmer, M. D.

Aug 2, 1926, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Aug 1 1926

2 UNDERTAKER Address Geo P. Hoffman Chelsea Mich

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

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MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 11

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Norvell

(a) Residence No. _____ St., Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND or (or) WIFE of Mattee J. Wells Norvell

6 DATE OF BIRTH (Month, day and year) Nov. 18, 1856

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
68 11 13

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Mich

10 NAME OF FATHER Henry Norvell

11 BIRTHPLACE OF FATHER (city or town) (state or country) U. S. A.

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (state or country)

14 Informant J. Norvell Jr.

(Address) Chelsea Mich

15 Filed Nov 3, 1924

Registrar Ed Harvort

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 30 1924

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1924, to Oct 30, 1924

that I last saw him alive on Oct 30, 1924 and

that death occurred on the date stated above at 3 a m.

The CAUSE OF DEATH* was as follows:

Acute Myocard

Chronic Nephritis

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY Chronic Nephritis (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Chemical

(Signed) A. A. Palmer M. D.

, 19 _____, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Riverside Cemetery Rockford Nov 1, 1924

2 UNDERTAKER Address Chelsea

Geo P. Staffan

1 PLACE OF DEATH
County Washtenaw

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

Township

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village Chelsea

Registered No. 12

City (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Richard Alexander

(a) Residence No. St., Ward. (If non-resident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day and year) March 5, 1837

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
87 7 1

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) Michigan
(state or country)

10 NAME OF FATHER Thomas Alexander

11 BIRTHPLACE OF FATHER (city or town) Wales
(state or country)

12 MAIDEN NAME OF MOTHER Margaret Warren

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(state or country)

14 Informant Rha Alexander
(Address) Chelsea Mich

15 Filed Nov 10, 1924 Registrar Thomas Alexander

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) October 6 1924

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1924, to Oct 6, 1924

that I last saw him alive on Oct 6, 1924 and

that death occurred on the date stated above at 100 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Myocardium

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Andres Guede, M. D.

Oct 10, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oak Grove Cemetery Oct 9, 1924

2 UNDERTAKER S. A. Mapes Address Chelsea

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PARENTS

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PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 13(No. _____ St. _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Nancy Marie Richards(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH (Month, day and year) October 21 - 1841

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
82 11 16

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) (state or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown14 Informant Mrs Vera Evans
(Address) Chelsea Mich15 Filed Nov 10 1924 P. J. Maroney
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) October 9 192417 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1924, to Oct 8, 1924that I last saw her alive on Oct 8, 1924 andthat death occurred on the date stated above at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Geo W. Palmer M. D.Oct 9, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

First Hill Cemetery Mich Oct 11 19242 UNDERTAKER Address S. A. Mapes Chelsea

1 PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. 14

2 FULL NAME George A Runciman

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced
HUSBAND of Agnes Runciman
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) October 13-1851

7 AGE Years Months Days If LESS than
73 0 4 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER James Runciman

11 BIRTHPLACE OF FATHER (city or town) (state or country) Scotland

12 MAIDEN NAME OF MOTHER Isabelle Carter

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Scotland

14 Informant Mrs Agnes Runciman
(Address) Chelsea Mich

15 Filed Nov 10, 1924 W. C. Maroney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) October 17 1924

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1924, to Oct 17, 1924, that I last saw him alive on Oct 17, 1924, and that death occurred on the date stated above at 7 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Geo H Palmer, M. D.
Oct 18, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waterloo Cemetery Date of Burial Oct 19 1924

2 UNDERTAKER

Ed. Mapes Address Chelsea Mich

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MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 15

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie Evans

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (Month, day and year) January 8-1849

7 AGE Years 75 Months 9 Days 10 If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Ohio

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (state or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown

14 Informant Mrs Isaac Prosser
(Address) Chelsea Mich

15 Filed Nov 10, 1924 H. H. Hannon
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) October 18 1924

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1924, to Oct 17, 1924
that I last saw her alive on Oct 17, 1924 and
that death occurred on the date stated above at 11 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

CONTRIBUTORY

(Secondary) (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Geo H Palmer M. D.

Oct 22, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Efford Mich Oct 20 1924

2 UNDERTAKER Address Chelsea Mich
J. A. Maple

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 16

1 PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Eder

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary Eder

6 DATE OF BIRTH (Month, day and year) Jan'y 19-1850

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
74 9 26

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) Corn Chap
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Blaine Lorraine

10 NAME OF FATHER John Eder

11 BIRTHPLACE OF FATHER (city or town) (state or country) Blaine Lorraine

12 MAIDEN NAME OF MOTHER Elizabeth Deulingen

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Quethurn Germany

14 Informant Lewis Eder
(Address) Chelsea Mich

15 Filed Dec 3, 1924 8:30 am Registrar P. Maroney

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov 15 1924

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1924, to Nov 15, 1924 that I last saw him alive on Nov 15, 1924 and that death occurred on the date stated above at 40 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Broth Palmer, M. D.

Nov 16, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

St. Christ Cemetery Mich Nov 17, 1924

20 UNDERTAKER Address

Geo O. Hoffman Chelsea Mich

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Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washtenaw
Township _____
Village _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City Chelsea (No. _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Registered No. 17
St. _____ Ward _____

2 FULL NAME Mary Van Dyne
(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Abner A. Van Dyne

6 DATE OF BIRTH (Month, day and year) Nov 4 - 1848

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
86 — 6

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Joseph Bush

11 BIRTHPLACE OF FATHER (city or town) (state or country) U.S.A.

12 MAIDEN NAME OF MOTHER Nannah L. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (state or country) U.S.A.

14 Informant Willis Richards
(Address) Chelsea Mich

15 Filed 174 12:15 P.M., 1924 H. Maroney
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov - 10 1924

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1922, to Nov 10, 1924, that I last saw her alive on Nov 20, 1924, and that death occurred on the date stated above at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Myocardial Infarction

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Angina pectoris
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

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

Nov 12, 1924, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Nov 13, 1924

2 UNDERTAKER Address

Geo P. Stafford Chelsea Mich

PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 18

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eugene Foster

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 40 mos. _____ ds. _____
How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of Edwin Perie
(or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Dec 8-1876

7 AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. OR _____ min. 48 1

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Drive Trucks
(c) Name of employer. Foster & Foster

9 BIRTHPLACE (city or town) Benton Harbor Mich
(state or country)

10 NAME OF FATHER Geo N Foster

11 BIRTHPLACE OF FATHER (city or town) Mich
(state or country)

12 MAIDEN NAME OF MOTHER Alice A Purchase

13 BIRTHPLACE OF MOTHER (city or town) Mich
(state or country)

14 Informant Mrs Harry Foster
(Address) Chelsea Mich

15 Filled Dec 11, 1924 P. J. Maroney
7th An Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 9 1924

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1924, to Dec 9, 1924
that I last saw him alive on Dec 9, 1924 and that death occurred on the date stated above at 5:55 a.m.

THE CAUSE OF DEATH* was as follows:

Hæmatemesis
Gastric Ulcer

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Andrew Gulde, M. D.

Dec 11, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Dec 20 1924

20 UNDERTAKER Geo P. Staffan Address Chelsea Mich

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

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 19

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennett Wheeler
(a) Residence No. _____ St., Ward OLD PEOPLES HOME
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Wheeler

6 DATE OF BIRTH (Month, day and year) August 16-1840

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
84 4 0

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER J. R. Kennedy

11 BIRTHPLACE OF FATHER (city or town) (state or country) New York

12 MAIDEN NAME OF MOTHER Jane Johnson

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Mrs. Kennedy (Address) Romeo Mich

15 Filed Dec 19, 1924 10:30 am P. E. Marenus Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) December 16 1924

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924, to Dec 16, 1924

that I last saw her alive on Dec 16, 1924 and

that death occurred on the date stated above at 4 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) _____ yrs. _____ mos. 16 ds.

CONTRIBUTORY Oedema of lungs (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

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

Dec 16, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Romeo Mich

Date of Burial

Dec 18 1924

2 UNDERTAKER

S. A. Napier

Address

Chelsea Mich

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. 70

2 FULL NAME Robert Foster

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Jan'y 25 - 1825

7 AGE Years Months Days If LESS than 1 day hrs. OR m'n.
99 10 26

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) England

10 NAME OF FATHER Geo Foster

11 BIRTHPLACE OF FATHER (city or town) (state or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) (state or country) England

14 Informant Lillian Foster

(Address) Chelsea Mich

15 Filed Dec 20, 1924 St. Maroney
9:5 am Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 21st 1924

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1924, to Dec 21, 1924
that I last saw him alive on Dec 20, 1924 and that death occurred on the date stated above at 6 a.m.

The CAUSE OF DEATH* was as follows:

Atherosclerosis
Chronic Myocarditis
Asthemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andros Gulde M. D.
122, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Dec 24 1924

2 UNDERTAKER J. A. Napier Address Chelsea

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

Form 93a-9-5-21-1000 Books-100 pages.

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

PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 71

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Patrick Smith

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of Margaret Smith
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) July 12 1852

7 AGE Years 72 Months 6 Days 2 If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer. 3 years

9 BIRTHPLACE (city or town) Ireland
(state or country)

10 NAME OF FATHER Michael Smith

11 BIRTHPLACE OF FATHER (city or town) Ireland
(state or country)

12 MAIDEN NAME OF MOTHER Rose Savage

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(state or country)

14 Informant Ella Franklin
(Address) Chelsea Mich

15 Filed Dec 24 1924 W. Maroney
102 a Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 14 1924

17 I HEREBY CERTIFY, That I attended deceased from June, 1923, to Dec 7, 1924
that I last saw him alive on Dec 7, 1924 and
that death occurred on the date stated above at 12 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis with
Chronic Interstitial
Nephritis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) W. Palmer M. D.Dec 15, 1924, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Dec 17 1924

2 UNDERTAKER Geo P. Stoffan Address Chelsea

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Rebecca Ard
(a) Residence No. Old Peoples Home St. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widow

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH March 4-1836
(Month, day and year)

7 AGE Years Months Days If LESS than
90 10 2 1 day _____ hrs. OR _____ m'n.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

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

(c) Name of employer.

9 BIRTHPLACE (city or town) Canada
(state or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(state or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(state or country)

14 Informant Mrs. J. Brasius
(Address) Chelsea Mich

15 Filed July 9, 1925 O. Maroney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 6 1925
(Month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1924, to July 3, 1925, that I last saw her alive on July 3, 1925 and that death occurred on the date stated above at 70 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with
Bill gangrene

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Geo. H. Palmer, M. D.
July 8, 1925; Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove - Chelsea July 8, 1925

2 UNDERTAKER

SA Mapes Address Chelsea

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PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chester
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

(No. _____) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frances L. Davidson

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of Francis Johnson Davidson

6 DATE OF BIRTH (Month, day and year) Dec 22-1863

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
61 18

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cement Work

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

(c) Name of employer. self

9 BIRTHPLACE (city or town) (state or country) Sharon Twp Mich

10 NAME OF FATHER Mr Henry Davidson

11 BIRTHPLACE OF FATHER (city or town) (state or country) Syracuse N.Y.

12 MAIDEN NAME OF MOTHER Ophelia Shunk

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Sylvan Twp Mich

14 Informant Franklin Davidson
(Address) Chester Mich

15 Filed Jan 10, 1925 P. Maroney
11:30 am Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1925, to Jan 9, 1925.
that I last saw him alive on Jan 9, 1925 and
that death occurred on the date stated above at 1:30 m.

THE CAUSE OF DEATH* was as follows:

Carcinoma of Prostate
General metastases

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) One yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of July 24

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

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

Jan 10, 1925, Address Chester Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Jan 12 1925

2 UNDERTAKER Address

Geo P. Stoffan Chester

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea

Registered No. 3

City Chelsea (No. 1 St. 1 Ward 1)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gottlieb Nutzel

(a) Residence No. 1 St., Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND or (or) WIFE Asena Nutzel

6 DATE OF BIRTH (Month, day and year) Sept 23 - 1841

7 AGE Years 83 Months 4 Days 23 If LESS than 1 day hrs. OR min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 15 years
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Germany

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (state or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (state or country)

14 Informant Clara Nutzel
(Address) Chelsea Mich

15 Filed May 3, 1925 Registrar Geo Hoffman

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to Feb 16, 1925, that I last saw him alive on Feb 16, 1925, and that death occurred on the date stated above at ✓ m.

The CAUSE OF DEATH* was as follows:

Thrombosis coronary artery
Sudden death
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) St. Bush M. D.

Nov 2, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove - Chelsea Mich Feb 19, 1925

20 UNDERTAKER Address Geo Hoffman Chelsea

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PLACE OF DEATH
County Washkewau
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2(No. _____ St. _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Jay M. Woods(a) Residence No. _____ St., Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
----------------------	---------------------------------	---

5a If married, widowed or divorced
HUSBAND of Matie Bartell Woods
(or) WIFE of6 DATE OF BIRTH (Month, day and year) Aug 20 - 1843

7 AGE <u>82</u>	Years	Months <u>5</u>	Days <u>26</u>	If LESS than 1 day _____ hrs. OR _____ min.
--------------------	-------	--------------------	-------------------	---

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) last employed as elevator man
(c) Name of employer State Capital Laundry

9 BIRTHPLACE (city or town) (state or country) Mich10 NAME OF FATHER Moses Wood11 BIRTHPLACE OF FATHER (city or town) (state or country) Mich12 MAIDEN NAME OF MOTHER Lydia Preston13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ny14 Informant State Woods
(Address) Chelsea Mich15 Filed Mar 3, 1925 H. Maroney
6 Jan Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 22 192517 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Feb 22, 1925, that I last saw him alive on Feb 22, 1925, and that death occurred on the date stated above at 12.9 m.The CAUSE OF DEATH* was as follows:
General Arterio-sclerosis(duration) 10 yrs. _____ mos. _____ ds.CONTRIBUTORY Pulmonary oedema
(Secondary)(duration) _____ yrs. _____ mos. 2 ds.18 Where was disease contracted
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____
(Signed) S. B. Bush M. D.Mar 2, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove Chelsea Date of Burial Feb 25 19252 UNDERTAKER Geo. Stoffan Address Chelsea Mich

1 PLACE OF DEATH
County Washtenaw
Township _____

Village Chelsea

City _____

2 FULL NAME Simon George Schuller

(a) Residence No. _____

Length of residence in city or town where death occurred

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

St., Ward. _____
(If non-resident give city or town and state) _____
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) _____

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Apr 23-1923

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer _____

9 BIRTHPLACE (city or town) (state or country) Chelsea Michigan

10 NAME OF FATHER Simon Schuller

11 BIRTHPLACE OF FATHER (city or town) (state or country) Austria

12 MAIDEN NAME OF MOTHER Christina Sonntag

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Austria

14 Informant Mrs Christina Sonntag

(Address) Chelsea Mich

15 Filed May 5 1925 Registrar C. G. Maroney

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) February 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1925, to Feb 28 1925

that I last saw him alive on Feb 27 1925 and

that death occurred on the date stated above at 3 p m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

Acute otitis media

(duration) _____ yrs. _____ mos. 14 ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Andros Gulde, M. D.

3/1 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove

Date of Burial Mar 2 1925

2 UNDERTAKER D. A. Mapes

Address Chelsea

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

MARGIN RESERVED FOR BINDING

Form 93a-6-5-21-1000 Books-100 pages.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6(No. Old Peoples Home Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Eliza Harrison(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) July 2-1844

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
80 8 16

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Canada10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (city or town) (state or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Mrs. I. B. Bresson (Address) Chelsea Mich15 Filed Mar 24, 1925 3:12 pm Registrar W. H. Harrison

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1925, to Mar 17, 1925 that I last saw her alive on Mar 17, 1925 and that death occurred on the date stated above at 3 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY art. sclerosis & high blood pressure (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) I. G. Bush M. D.Mar 9, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Bay City Mich Mar 18, 19252 UNDERTAKER J. A. Mapes Address Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PLACE OF DEATH
County Hacklesburg
Township Sylvan
Village Chelsea
City _____

Registered No. 7

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Greta Gilbert

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND or (or) WIFE Elizabeth Noel Gilbert

6 DATE OF BIRTH (Month, day and year) October 24 - 1849

7 AGE Years Months Days If LESS than 1 day... hrs. OR... min.
75 4 9

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R. R. Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Section Hand
(c) Name of employer. Deu R.

9 BIRTHPLACE (city or town) (state or country) Boston Mass

10 NAME OF FATHER Egna Gilbert

11 BIRTHPLACE OF FATHER (city or town) (state or country) U. S. A

12 MAIDEN NAME OF MOTHER Lucinda Norman

13 BIRTHPLACE OF MOTHER (city or town) (state or country) U. S. A

14 Informant Lizzie Gilbert (Address) Chelsea Mich

15 Filed 3/31, 1925 A. Maroney Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1924, to March, 1925
that I last saw him alive on Mar 3, 1925 and that death occurred on the date stated above 8:20 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? (Signed) J. J. Woods M. D.

Mar 4, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Maple Grove - Sylvan Enter Mar 6 1925

2 UNDERTAKER Address Geo P. Stoffan Chelsea

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

(No. _____) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Lucht
Rail Road

(a) Residence No. _____ St., Ward. 1st
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND or (or) WIFE of Augusta Miller Lucht

6 DATE OF BIRTH (Month, day and year) Sept 15-1857

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
67 5 16

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer. 5 years

9 BIRTHPLACE (city or town) (state or country) Germany

10 NAME OF FATHER Anton Lucht

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Don't know

14 Informant Mrs. John Lucht
(Address) Chelsea Mich

15 Filed Mar 31, 1925 Chloranony
5 am Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1924, to March 11, 1925

that I last saw him alive on March 11, 1925 and

that death occurred on the date stated above at 8 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? X Ray

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

3/3, 1925, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Oak Grove Cemetery Mar 14 1925

2 UNDERTAKER Address

Geo. J. Stoffan Chelsea Mich

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

PLACE OF DEATH
County Hastings
Township Sylvan
Village Chelsea

City _____ (No. _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Registered No. 9

2 FULL NAME Louis Henry Hendelung

(a) Residence No. _____ St., Ward. 2nd
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND (or) WIFE Edna Helen Hendelung

6 DATE OF BIRTH (Month, day and year) Jan 2 - 1853

7 AGE Years 72 Months 2 Days 15 If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 15 years
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Wyandow Twp Mich

10 NAME OF FATHER John Hendelung

11 BIRTHPLACE OF FATHER (city or town) (state or country) Chelsea Lorraine

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Chelsea Lorraine

14 Informant A. J. Hendelung
(Address) Chelsea Mich

15 Filed Mar 31, 1925 Ch. Maroney
50m Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to Mar 17, 1925

that I last saw him alive on Mar 17, 1925 and that death occurred on the date stated above at 10:30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

What test confirmed diagnosis?

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

Mar 20, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Church Cemetery Date of Burial Mar 20 1925

2 UNDERTAKER Geo. Slaffan Address Chelsea Mich

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

MARGIN RESERVED FOR BINDING

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

PARENTS

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea

City _____

2 FULL NAME Donald Shephurn(a) Residence No. _____
(Usual place of abode)

Length of residence in city or town where death occurred

(No. _____) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) August 16-1919

7 AGE Years 5 Months 6 Days 12 If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer _____

9 BIRTHPLACE (city or town) (state or country) Chelsea Mich10 NAME OF FATHER Herbert Shephurn11 BIRTHPLACE OF FATHER (city or town) (state or country) Ostrach Mich12 MAIDEN NAME OF MOTHER Myra Hunter13 BIRTHPLACE OF MOTHER (city or town) (state or country) Chelsea Mich14 Informant a Shephurn (Address) Chelsea Mich15 Filed Apr 1, 1925

Registrar _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

St., Ward _____

(If non-resident give city or town and state)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1925, to Mar 4, 1925 that I last saw him alive on Mar 4, 1925 and that death occurred on the date stated above at 8³⁰ a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs(duration) 4 yrs. _____ mos. _____ ds.CONTRIBUTORY (Secondary) Influenza(duration) _____ yrs. _____ mos. 25 ds.18 Where was disease contracted If not at place of death? Don't knowDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Slender abscess(Signed) Dr. H. Schmitt M. D.Mar 31, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cap Crose Cemetery Date of Burial Mar 6 19252 UNDERTAKER Geo P. Staffan Address Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea

Registered No. 11

City Chelsea (No. 11 (If death occurred in a hospital or institution, give its NAME instead of street and number.) St. Ward)

2 FULL NAME Lana Staffan

(a) Residence No. St., Ward
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widow

5a If married, widowed or divorced HUSBAND or (or) WIFE of Frank Staffan

6 DATE OF BIRTH (Month, day and year) July 5 - 1836

7 AGE Years 88 Months 7 Days 26 If LESS than 1 day hrs. OR min.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer,

9 BIRTHPLACE (city or town) Utrecht Mich (state or country)

10 NAME OF FATHER Martin Kusch

11 BIRTHPLACE OF FATHER (city or town) Place LaRaine (state or country)

12 MAIDEN NAME OF MOTHER Margaret Slapish

13 BIRTHPLACE OF MOTHER (city or town) Chelsea Lorraine (state or country)

14 Informant Geo P Staffan (Address) Chelsea Mich

15 Filed Apr 2, 1925 O. G. Maroney Registrar. 930 am

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 3rd, 1925, to Mar 10th, 1925, that I last saw her alive on Mar 10th, 1925, and that death occurred on the date stated above at 50 m.

The CAUSE OF DEATH* was as follows:

Acute Ophthalmitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY none (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. A. Palmer M. D.

Mar 31, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Olivet Chelsea Date of Burial Mar 4 1925

2 UNDERTAKER L. B. Staffan Address Ann Arbor

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

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Smith

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 10 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Patrick Smith

6 DATE OF BIRTH
(Month, day and year)

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
68 10 6

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Chelsea Mich

10 NAME OF FATHER Bernard Keelan

11 BIRTHPLACE OF FATHER (city or town) (state or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Durum

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ireland

14 Informant Ella Franklin
(Address) Chelsea Mich

15 Filed Apr 9 1925 Ch. Haroney
5:45 PM Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 3, 1925, to Mar 10, 1925

that I last saw her alive on Mar 10, 1925 and

that death occurred on the date stated above at 9⁰ m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. A. Palmer M. D.

redated Mar 10, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

M. O. Chelsea Mich Mar 10 1925

2 UNDERTAKER Address

Geo F. Stafford Chelsea

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 13

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bliza Gunn

(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Single

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of _____ ☒

6 DATE OF BIRTH (Month, day and year) May 31-1845

7 AGE Years 79 Months 10 Days 23 If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) New York
(state or country)

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(state or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(state or country)

14 Informant Mrs Isaac Brasier
(Address) Chelsea Mich

15 Filled April 16, 1925 O. Bratton
4:20 PM Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1925, to April 14, 1925, that I last saw her alive on April 14, 1925 and that death occurred on the date stated above at 59 m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis due to
Septicemia from gangrene
of foot
(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY Arterio-sclerotic gangrene
(Secondary) of foot
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) J. E. Bush, M. D.

April 14, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Clinton Mich Date of Burial April 16, 1925

2 UNDERTAKER L. A. Mapes Address Chelsea

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

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1X

(No. _____) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Abner Beach

(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced
HUSBAND of Gynthia Beach
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Mar 16 1832

7 AGE Years Months Days If LESS than
93 - 22
1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer, Retired 5 years

9 BIRTHPLACE (city or town) (state or country) Staten Co. N.Y.

10 NAME OF FATHER Ben C. Beach

11 BIRTHPLACE OF FATHER (city or town) (state or country) N.Y.

12 MAIDEN NAME OF MOTHER Gynthia Kellogg

13 BIRTHPLACE OF MOTHER (city or town) (state or country) N.Y.

14 Informant A. C. Beach
(Address) Chelsea Mich

15 Filed May 2, 1925 P. H. Maroney
2nd Am. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Apr 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 28, 1925, to Apr 7, 1925.

that I last saw him alive on Apr 7, 1925, and

that death occurred on the date stated above at 7 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY old age
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? no

What test confirmed diagnosis? symptoms

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

Apr 28, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, Date of Burial

Oak Grove Mich Apr 10 1925

2 UNDERTAKER Address

Geo P. Stafford Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

Registered No. 15

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Monroe

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced
HUSBAND of Ed Monroe
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) August 2 1847

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
77 9 29

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Ed Snow

11 BIRTHPLACE OF FATHER (city or town) (state or country) England

12 MAIDEN NAME OF MOTHER Maryette Smith

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Michigan

14 Informant Claude Monroe
(Address) Chelsea Mich

15 Filed June 5, 1925 H. Maroney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1925, to June 1, 1925, that I last saw him alive on May 16, 1925 and that death occurred on the date stated above at 3 p. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart
Chr Nephritis Arteriosclerosis
Chr Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Andros Gulde, M. D.

May 31, 1925 Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Vermont Cemetery Date of Burial June 4 1925

2 UNDERTAKER Ed. Mapes Address Chelsea Mich

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

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 16

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Charles M. Tichenor

(a) Residence No. _____ St., Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH (Month, day and year) July 18-1835

7 AGE Years Months Days If LESS than
1 day _____ hrs.
OR _____ min.
89 10 17

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

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

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Ohio10 NAME OF FATHER Daniel Tichenor11 BIRTHPLACE OF FATHER (city or town) (state or country) New York12 MAIDEN NAME OF MOTHER Elizabeth Maxwell13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York14 Informant Anna Tichenor
(Address) Chelsea Mich15 Filed June 10, 1925 W. Maroney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 5th 192517 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to June 5, 1925.that I last saw him alive on June 5, 1925 andthat death occurred on the date stated above at 8 p.m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs.(duration) _____ yrs. _____ mos. 2 ds.CONTRIBUTORY accident - fracture of femur (duration) _____ yrs. _____ mos. _____ ds.18 Where was disease contracted
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) S. B. Bush M. D.
June 6 1925 Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove - Chelsea Date of Burial June 9 19252 UNDERTAKER S. A. Maper Address Chelsea

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

2 FULL NAME Samantha Seelye

(a) Residence No. _____ St., Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) August 10-1838

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
86 9 27

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (state or country) Unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Mrs Isaac Brasquis
(Address) Chelsea Mich

15 Filed June 10, 1925 Comaroney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1925, to June 7, 1925

that I last saw her alive on June 7, 1925 and that death occurred on the date stated above at 10 P m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho pneumonia
followed by confinement from
carditis deformans
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S. B. Bush, M. D.
June 8, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Adrian Michigan June 10, 1925

2 UNDERTAKER S. A. Mapes Address Chelsea

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

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 18

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME "Baby Bauer"

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) _____

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH June 11th 1925
(Month, day and year)

7 AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. _____ min. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Michigan
(state or country)

10 NAME OF FATHER Edwin Bauer

11 BIRTHPLACE OF FATHER (city or town) Michigan
(state or country)

12 MAIDEN NAME OF MOTHER Eva Stark

13 BIRTHPLACE OF MOTHER (city or town) Ohio
(state or country)

14 Informant Edwin Bauer
(Address) Chelsea Mich

15 Filled June 15, 1925 Penarony
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 15 1925

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

The CAUSE OF DEATH* was as follows:

Stillborn

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

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

June 15, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Home. Date of Burial June 12 1925

2 UNDERTAKER S. A. Mapes. Address Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County Washtenaw
Township _____
Village Chelsea
City _____

Registered No. 19
St. _____ Ward _____

(No. _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Melissa Walker

(a) Residence No. Chelsea St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND of M. S. Walker (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Dec-12-

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
74 6 12

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) New York (state or country)

10 NAME OF FATHER Conrad Allen

11 BIRTHPLACE OF FATHER (city or town) New York (state or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) New York (state or country)

14 Informant Mr. J. Walker (Address) Grass Lake Mich

15 Filed June 23, 1925 Conarony Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 23 1925

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1925, to June 23, 1925, that I last saw her alive on June 22, 1925 and that death occurred on the date stated above at 5a m.

The CAUSE OF DEATH* was as follows:

Emphysema

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. D. Palmer M. D. June 23, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Berry Mich Date of Burial June 25, 1925

2 UNDERTAKER A. L. Richardson Address So. Lyon

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

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

1 PLACE OF DEATH
County Washburn
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Alker

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Oct 5-1883

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
41 8 9

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer - (Common)
(b) General nature of industry, business, or establishment in which employed (or employer) Day Laborer
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Chelsea Mich10 NAME OF FATHER David Alker11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany12 MAIDEN NAME OF MOTHER Catherine Barnes13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany14 Informant Jacob Alker
(Address) Chelsea Mich15 Filed June 30, 1925 Ch. Mary
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 14 - 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to June 14, 1925, that I last saw him alive on June 14, 1925, and that death occurred on the date stated above at 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess(duration) _____ yrs. 7 mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) L. B. Bush M. D.June 14, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial June 17 1925

Oak Grove
2 UNDERTAKER Ch. Mary
Address Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

County Washtenaw
Township _____
Village Chelsea

Registered No. 21

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Horner

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Nov-16-1837

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
88 7 —

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 yrs
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Nancos Co. Ohio

10 NAME OF FATHER Samuel Horner

11 BIRTHPLACE OF FATHER (city or town) (state or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Jim Deane (Address) Chelsea Mich

15 Filled June 30, 1925 Chamney Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to June 16, 1925, that I last saw him alive on June 16, 1925 and that death occurred on the date stated above at 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) _____ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

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

June 17, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Building Co. Ohio June 19 1925

20 UNDERTAKER

Geo. Stafford Address Chelsea

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 22
St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edwin Eugene Bauer

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) _____
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____
6 DATE OF BIRTH June 11-1925
7 AGE Years _____ Months _____ Days 15 If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Mich
(state or country)10 NAME OF FATHER Edwin Bauer11 BIRTHPLACE OF FATHER (city or town) Michigan
(state or country)12 MAIDEN NAME OF MOTHER Eva Clark13 BIRTHPLACE OF MOTHER (city or town) Ohio
(state or country)14 Informant Edwin Bauer
(Address) Chelsea15 Filed July 6-1925 H. M. M. M. M.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 26 1925

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to June 26, 1925
that I last saw him alive on June 26, 1925 and
that death occurred on the date stated above at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) M. L. Sobala M. D.
June 27, 1925, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

North Haledon June 27 1925

2 UNDERTAKER

Sa. Mapes Chelsea

1 PLACE OF DEATH
County Washtenaw

Township

Village Chelsea

City

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 23

(No. Old Peoples Home Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ella Sherman

(a) Residence No. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) -

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of -

6 DATE OF BIRTH (Month, day and year) April 13-1847

7 AGE Years Months Days If LESS than
78 2 28 1 day.....hrs.
OR.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (state or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Isaac Prosser
(Address) Chelsea Mich

15 Filled July 14, 1925 H. Maroney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 11th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 11, 1925
that I last saw her alive on July 11, 1925 and
that death occurred on the date stated above at 6 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY General Paresis
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

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

July 13, 1925, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Corunna Cemetery July 13 1925

2 UNDERTAKER L. A. Mapes Address Chelsea

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

MARGIN RESERVED FOR BINDING

Form 93a—6-5-21—1000 Books—100 pages.

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

1 PLACE OF DEATH
County Nashua
Township _____
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 24(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Nannah A. Heath(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Widow</u>
------------------------	---------------------------------	---

5a If married, widowed or divorced
HUSBAND of David Heath
(or) WIFE of6 DATE OF BIRTH (Month, day and year) 1843 Aug 11

7 AGE	Years	Months	Days	If LESS than 1 day _____ hrs. OR _____ min.
	<u>81</u>	<u>11</u>	<u>26</u>	

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Vermont10 NAME OF FATHER Geo. Goodell11 BIRTHPLACE OF FATHER (city or town) (state or country) Vermont12 MAIDEN NAME OF MOTHER Cylinia Chase13 BIRTHPLACE OF MOTHER (city or town) (state or country) Vermont14 Informant Effa Dancer
(Address) Chelsea Mass15 Filed Aug 8, 1925 Baronny
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) August 5 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to Aug 5, 1925
that I last saw her alive on Aug 5, 1925 and
that death occurred on the date stated above at 7 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Arteriosclerotic Disease of Heart
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Sts. Bunt M. D.Aug 8, 1925, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Coronet
Frederic Cemetery, Mich Date of Burial Aug 7, 19252 UNDERTAKER Geo P. Stoffan Address Chelsea

1 PLACE OF DEATH
County Washtenaw
Township _____
Village Chester

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Laura Blount

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH Sept 8th 1842
(Month, day and year)

7 AGE Years Months Days If LESS than
82 11 6 1 day _____ hrs. _____
OR _____ m'n. _____

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (state or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Mrs J. Brooks
(Address) Chester Mich

15 Filed Aug 18, 1925 H. Karney
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) August 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1925, to Aug 14, 1925, that I last saw her alive on Aug 14, 1925, and that death occurred on the date stated above at 11 a.m.

The CAUSE OF DEATH was as follows:

Primary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY Secondary syphilis infection
(Secondary) (duration) yrs. mos. ds. 3

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Chest x-ray
(Signed) A. A. Palmer M. D.

Aug 17, 1925, Address Chester Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Cape Cross Cemetery Aug 17 1925
2 UNDERTAKER S. A. Maper Address Chester

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea
City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 26
(No. M. E. Old Peoples Home St. 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Chubb

(a) Residence No. _____ St., Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of Elyah Chubb
(or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) May 5-1841

7 AGE Years Months Days If LESS than
84 3 6 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Old Peoples M. E. Home
(b) General nature of industry, business, or establishment in which employed (or employer) Chelsea Mech
(c) Name of employer.

9 BIRTHPLACE (city or town) Richfield Ohio
(state or country)

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) unknown
(state or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(state or country)

14 Informant L. B. Brosius Supr
(Address) Chelsea Mech

15 Filed Sept 2 1925 H. Maroney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) August 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1925, to Aug 9, 1925
that I last saw him alive on Aug 9, 1925 and
that death occurred on the date stated above at 52 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
arteriosclerotic heart
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Chemical
(Signed) A. A. Palmer M. D.

✓, 19 _____, Address Chelsea Mech

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove Cemetery Aug ✓ 1925

2 UNDERTAKER W. Stoffan Address Ann Arbor

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washtenaw
Township Lyndon
Village Chelsea

Registered No. 27

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hugh McKune

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of Catherine McKune
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Sept-28-1860

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
64 10 21

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer Day labor

9 BIRTHPLACE (city or town) Sylvan Township Mich
(state or country)

10 NAME OF FATHER Martin McKune

11 BIRTHPLACE OF FATHER (city or town) Ireland
(state or country)

12 MAIDEN NAME OF MOTHER Mary McKune

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(state or country)

14 Informant C. McKune
(Address) Chelsea Mich

15 Filed Sept 2, 1925 Registrar Chas. Hoffman

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 19, 1925, that I last saw him alive on Aug 19, 1925 and that death occurred on the date stated above at 109 m.

The CAUSE OF DEATH* was as follows:

Chronic Calcular disease of heart
Aortic stenosis
(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) W. Bush M. D.

Aug 20, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Sylvan Cemetery Aug 22 1925

20 UNDERTAKER Address
Geo. C. Hoffman #653 Chelsea Mich

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

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Washington
Township

Village

City Chelsea2 FULL NAME Christie A. Sharpe(a) Residence No.
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

St., Ward.

(If non-resident give city or town and state)

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 Color or Race

white

5 Single, Married, Widowed or Divorced (Write the word)

Single5a If married, widowed or divorced
HUSBAND of
(or) WIFE ofunknown6 DATE OF BIRTH
(Month, day and year)April 13, 1897

7 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

OR.....min.

88422

8 OCCUPATION OF DECEASED

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

none

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

(c) Name of employer.

9 BIRTHPLACE (city or town)
(state or country)Canada

10 NAME OF FATHER

unknown11 BIRTHPLACE
OF FATHER (city or town)
(state or country)unknown12 MAIDEN NAME
OF MOTHERunknown13 BIRTHPLACE
OF MOTHER (city or town)
(state or country)unknown

14

Informant

(Address)

Isaac Bessure
Chelsea Mich

15

Filed

Sept 9, 1925P. Narosny

Registrar.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 28

(No.)

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

Ward)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year) September 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1925, to Sept 5, 1925that I last saw her alive on Sept 1, 1925 andthat death occurred on the date stated above at 11 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia(duration).....yrs.....mos. 2 ds.CONTRIBUTORY
(Secondary)(duration).....yrs.....mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) Sts. Bush.....M. D.Sept 7, 1925, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Calvary CemeterySept 8, 1925

2 UNDERTAKER

Address

St. G. MaperChelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH

County Washtenaw

Township _____

Village Chelsea

City _____

(No. _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
St. _____ Ward _____

Registered No. 29

2 FULL NAME Mark Ashley Lowry

(a) Residence No. _____ St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced
HUSBAND of Miss Greer
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) October 22-1850

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
76 11 4

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER James Lowry

11 BIRTHPLACE OF FATHER (city or town) (state or country) Michigan

12 MAIDEN NAME OF MOTHER Clara Hibel

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Mrs M. A. Lowry
(Address) Chelsea Mich

15 Filed Oct 9, 1925 P. C. Maroney Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) September 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1925, to Sept 26, 1925, that I last saw him alive on Sept 26, 1925, and that death occurred on the date stated above at 11 p.m.

The CAUSE OF DEATH* was as follows:

Abscess of Liver

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of Sept 1

Was there an autopsy?

What test confirmed diagnosis?

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

Oct 2, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Vermont Cemetery Sept 29 1925

2 UNDERTAKER J. A. Mapes Address Chelsea Mich

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

MARGIN RESERVED FOR BINDING

Form 93a-9-5-21-1000 Books-100 pages.

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

1 PLACE OF DEATH
County Washtenaw
Township _____
Village Chelsea

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City _____ (No. _____) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth MedemeyerRegistered No. 30

(a) Residence No. _____ St., Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Theo Medemeyer6 DATE OF BIRTH (Month, day and year) Dec 15-1860

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
60 11 3

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer own home9 BIRTHPLACE (city or town) (state or country) Lima Mich10 NAME OF FATHER Andrew Barth11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany12 MAIDEN NAME OF MOTHER Snell13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany14 Informant N. Gerthal (Address) Chelsea Mich15 Filed Oct 31, 1925 P. Maroney Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 18 1925

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to Oct 18, 1925 that I last saw her alive on Oct 18, 1925 and that death occurred on the date stated above at 39 m.

The CAUSE OF DEATH* was as follows:

Sepsicaemia following
operation for gall stones

(duration) yrs. mos. ds. 15

CONTRIBUTORY

(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. G. Bush M. D.Oct 30, 1925, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Chelsea Oak Grove Cem Date of Burial Oct 21 1925

2 UNDERTAKER

Geo. Stoffan Address Chelsea Mich

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County Washtenaw
Township Sylvan
Village Chelsea

Registered No. 31

City Chelsea (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Walsh

(a) Residence No. St., Ward
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) Nov 11, 1839

7 AGE Years 85 Months 11 Days 4 If LESS than 1 day hrs. OR min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Ireland
(state or country)

10 NAME OF FATHER Thos Walsh

11 BIRTHPLACE OF FATHER (city or town) Ireland
(state or country) Ellen Neade

12 MAIDEN NAME OF MOTHER Ireland

13 BIRTHPLACE OF MOTHER (city or town)
(state or country)

14 Informant John Walsh
(Address) Chelsea Mich

15 Filed Oct 31, 1925 Registrar H. Maroney

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,
that I last saw h alive on , 19 and
that death occurred on the date stated above at 4 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

CONTRIBUTORY (Secondary)

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. L. Leonard M. D.
Oct 16, 1925, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Chelsea Mich Catholic Cem Date of Burial Oct 18 1925

2 UNDERTAKER Geo P. Hoffman Address Chelsea Mich

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

Extracts from Public Act No. 217 of 1897 (Compiled Laws of 1915, Secs. 5604-5610).

(As Amended)

AN ACT to provide for the registration of deaths in Michigan and requiring certificates of death.

SECTION 1. *The People of the State of Michigan enact*, That the body of no person whose death occurs in the State shall be interred, deposited in a vault or tomb or otherwise disposed of, or removed from the township, village or city in which the death occurred, until a permit for burial or removal shall have been properly issued by the clerk of the township, village or city in which the death occurs, who shall be the registrar of deaths. * * *

SEC. 2. Whenever any person shall die, the undertaker, householder, relative, friend, manager of institution, sexton or other person superintending the burial of said deceased person, shall cause a certificate of death to be filled out with all the personal and family particulars required in section three of this act, and attested by the signature of a relative or some competent person acquainted with the facts. The physician who attended the deceased person during his last illness shall fill out the medical certificate of cause of death, which death certificate shall be delivered to the registrar within the time designated, if any, by the local board of health. In case of death without the attendance of a physician, or if it shall appear probable that the deceased person came to his death by unlawful or suspicious means, then the registrar shall refer the certificate to the health officer or coroner for immediate investigation and report prior to issuing the permit: *Provided*, That when the health officer is not a physician, and only in such case, the registrar is authorized to insert the facts relating to the cause of death from statements of relatives or other competent testimony. Upon the presentation of a certificate of death properly filled out and signed, the registrar shall issue a permit for the burial or removal of the body, and *shall immediately record the death in the register of deaths*, numbering all certificates consecutively in the order in which they are received, beginning with number 1 for the first death that occurs in each year. In deaths from *dangerous communicable diseases*, burial or removal permits shall be granted by the registrar only in accordance with the rules of the local board of health and of the State Board of Health relating thereto. The sexton or other person having charge of the interment or final disposition of the body shall retain the burial permit when presented to him by the undertaker. *Provided*, That when a body is shipped the removal permit shall be presented by the undertaker or other person shipping the same to the agent of the transportation company, and shall be attached by him, with the transit permit, to the box containing the body, to accompany the same to destination, and no transit permit shall be issued or received by any transportation company for the shipment of a body unless accompanied by the registrar's removal permit.

SEC. 4. Registers of death shall be supplied by the [State Health Commissioner]* 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 [State Health Commissioner]* 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 jurisdiction*; the [State Health Commissioner]* 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 [State Health Commissioner]* assist in the enforcement of the provisions of this act.

*See Act 170, P. A. 1921.

Copies of the Registration Law will be Supplied by the
State Health Commissioner on application.