MICHIGAN

Department of Health—Division of Vital Statistics

REGISTER OF DEATHS

Village	of C	helsea		
(Township, Village or City)	ounty of U	rashlen	aw-	
From October 13	., 1922 to		OCT 31 1	192.

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.

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

Form 93a-9-5-21-1000 Books-100 pages.

(a) Residence No. Length of residence in city or town where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3 SEX	I PLACE OF DEATH	MICHIGAN DE	EPARTMENT OF H	EALTH	
Village Chiles City (No. (If death occurred in a hospital or institution, give its NAME instead of street and number of street and num	Cuashinau	Divi	Ision of Vital Statistics		
Village Cheless (No. (If death occurred in a hospital or institution, give its NAME instead of street and number of the s	ip Sylvan	TRANSCRIPT OF CER	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER		
(a) Residence No. Length of residence in city or lown where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3 SEX		ment on	Registered	No. /5	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX	NAME Charles S	unbach	*******************************		
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word) Mule white murical 5a If married, widowed or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (Month, day and year) 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. 16 DATE OF DEATH (Month, day and year) O.f., 13 19. 17 I HEREBY CERTIFY, That I attended deceased from that I last saw h.m. alive on O.f. 19. 18 ULESS than 19 CAUSE OF DEATH was as follows: 19 CAUSE OF DEATH was as follows: 19 CONTRIBUTORY (duration) yrs. mos. (duration) yrs. (d	sual place of abode) sidence in city or town where death occurred	yrs. mos. ds. How	Ward. (If non-resident give city long in U. S., if of foreign birth?	or town and state) rs. mos. ds.	
Divorced (Write the word) Mule white manual Divorced (Write the word) Month, day and year) The I HEREBY CERTIFY, That I attended deceased from the HUSBAND of (or) WIFE of DATE OF BIRTH (Month, day and year) AGE Years Months Days If LESS than 1 day hrs. OR min. B 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. Divorced (Write the word) (Month, day and year) (Honth, day and year) (Month, day and year) (Honth, day and year) (Amoth, day and year) (Honth, day and year) (Amoth, day and year) (Honth, day and year) (Amoth, day and year) (Amoth, day and year) (Amoth, day and year) (Honth, day and year) (Amoth, day and year) (Honth, day and year) (Amoth, day and year) (Honth, day and year) (Amoth, day and year) (Amoth, day and year) (Amoth, day and year) (Amoth, day and year) (Honth, day and year) (Amoth, day and year) (Honth, day and year) (Amoth, day and year) (Amoth, day and year) (Honth, day and year) (Amoth, day and year) (Amoth deceased from the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated above at that death occurred on the date stated	PERSONAL AND STATISTICAL PART	CULARS	MEDICAL CERTIFICATE OF	DEATH	
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S 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. (d) Trade, profession, or particular kind of work (d) General nature of industry, business, or establishment in which employed (or employer) (e) Name of employer. (d) Trade, profession, or particular kind of work (d) General nature of industry, business, or establishment in which employed (or employer) (e) Name of employer. (d) Where was disease contracted			sawh nalive on Oct	, 19 2 2 and	
7 AGE Years Months Days If LESS than 1 day hrs. 0 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. 18 Where was disease contracted	e OF BIRTH July 15, 1	44 that death	h occurred on the date stated	above atm.	
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. (duration) (duration) (duration) (duration) (duration) (secondary) (secondary) 18 Where was disease contracted		If LESS than The CAUS	0 0 0 1 1 0	ALTA	
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(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. CONTRIBUTORY (Secondary) (duration) yrs. mos. 18 Where was disease contracted	tlar kind of work		(duration)yrs.	mos. ds.	
9 PIRTHRI ACR (elly cracy) (18 Where was disease contracted	ess, or establishment in	CONTRIB (Secondar	UTORY		
Q PIPTUDI ACR (eltr. or town)	ame of employer.	-none to the second of the sec		ds.	
(state of country)	HPLACE (city or town)				
10 NAME OF FATHER / Langua Stury back Did an operation precede death? No Date of	1/				
11 BIRTHPLACE OF FATHER (city or town) Carbeine Volland (state or country) Was there an autopsy? What test confirmed diagnosis? (Signed) Landras Sulle M.	F FATHER (city or town)	re Volland What test	confirmed diagnosis?	0.1	
of MOTHER Lung and (lot / le 19 12. Address Chele en Min	AIDEN NAME Luma		a 0 0	m. D.	
OF MOTHER (city or town) State the Disease Causing Death, or in deaths from Violation (State or country) State the Disease Causing Death, or in deaths from Violation (Causes, state (1) Means and Nature of Injury, and (2) whether A cidental, Suicidal, or Homicidal.	F MOTHER (city or town)	*State th	te Disease Causing Death, or in the (1) Means and Nature of Injur	deaths from VIOLENT	
14 Informant Mrs. Chas Steinbert 19 PLACE OF BURIAL, CREMATION, Date of Burial (Address) Chilve, Mich Oak Trong Compellant Oct (619)	$\alpha I I$	nech 19 PLACE OR R	E OF BURIAL, CREMATION	Date of Burial	
15 Filed Oct 20, 1922 J.W. Walvorth 2 UNDERTAKER Address Chelya	Oct 20, 1922 J.W.	variones 1	RTAKER . Maper		

I PLACE OF DEATH

13 BIRTHPLACE

Informant (Address

OF MOTHER (city or town)

(state or country)

MICHIGAN DEPARTMENT OF HEALTH

Causes, state (1) Means and Nature of Injury, and (2) whether Ac-

19 PLACE OF BURIAL, CREMATION, Date of Burial

Address heleea. m.

CIDENTAL, SUICIDAL, OF HOMICIDAL.

OR REMOVAL

Registrar.

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RECORD PERMANENT BINDIN 8 S Ξ (T) K H 5 d 0 TIM PLAINL

I PLACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Tuach County. Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Village. Registered No. (No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) (a) Residence No...... (Usual place of abode) (If non-resident give city or town and state) Length of residence in city or town where death occurred mos. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 Color or Race 5 Single, Married, Widowed or (Month, day and year) 1922 Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 4 downed 5a If married, widowed or divorced HUSBAND of (or) WIFE of Charles that I last saw h walive on that death occurred on the date stated above at 6 DATE OF BIRTH (Month, day and year) The CAUSE OF DEATH* was as follows: 7 AGE If LESS than Years Months Days 1 day hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (duration) vrs. (b) General nature of industry, business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary)(duration)yrs. mos.ds. (c) Name of employer. 18 Where was disease contracted BIRTHPLACE (clty or town) If not at place of death?... (state or country) Did an operation precede death? Date of 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? ENT (state or country) AR 12 MAIDEN NAME NRITE OF MOTHER 7 . 19 2 3 . Address 0 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Informant (Address) 2 Address Registrar. w

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING Form 93a-9.5.21-1000 Books-100 pages.

MICHIGAN DEPARTMENT OF HEALTH

Cou	inty Washtenau	Division of Vital Statistics
Tow	viship Sylvan TRANSCRI	PT OF CERTIFICATE OF DEATH-LOCAL REGISTER
	d	Registered No
City	Ida mu Cae	St
(a)	Residence No. (Usual place of abode) th of residence in city or town where death occurred yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 Color or Race 5 Single, Married, Widowed er Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) Nov. 3 1922
Les	male white married	1 HEREBY CERTIFY, That I attended deceased from
5a	If married, widowed or divorced HUSBAND of (or) WIFE of	that I 'ast saw here alive on Mov. 3, 1922 and that death occurred on the date stated above at 30, m.
6 [Month, day and year) July 10, 1863	The CAUSE OF DEATH* was as follows:
7 /	AGE Years Months Days If LESS than 1 day hrs. OR min.	Infective Endocardetis
8 ((a) Trade, profession, or particular kind of work. (b) Genera' nature of industry, business, or establishment in which employed (or employer)	(duration) yrs. mos. ds.
	(c) Name of employer.	(duration) yrs. mos. ds.
9	BIRTHPLACE (city or town) Michegan (state or country)	If not at place of death?
	10 NAME OF FATHER Edwin Pierce	Did an operation precede death? Date of
ARENTS	1.1 BIRTHPLACE OF FATHER (city or town) New York (state or country)	What test confirmed diagnosis? (Signed) A Buch , M. D.
ARE	12 MAIDEN NAME Catherine mitchell	nov 4.19 22 Address Chelsea, Fruch
Δ.	13 BIRTHPLACE OF MOTHER (city or town) Michegan (state or country)	*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.
14	Informant William Coz (Address) Chilsea, Mich.	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Conetly Mov. 6 1922
15		2 UNDERTAKER Address Chelses Mu

I PLACE OF DEATH

MARGIN RESERVED FOR BINDING

Form 93a-9-5-21-1000 Books-100 pages.

MICHIGAN DEPARTMENT OF HEALT		
County Wastine	Division of Vital Statistics	
Township Lydrau LITA TRANSCI	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER	
Village Chelou	Registered No. / 7	
	St. Ward) in a hospital or institution, give its NAME instead of street and number.)	
Cotto ma Cant	a nospical of institution, give its WAMP instead of street and number.	
2 FULL NAME CALLERE 1/12 CALL	7	
(a) Residence No. (Usual place of abode)	St., Ward. (If non-resident give city or town and state)	
Length of residence in city or town where death occurred yrs. mos.	as, the long in G. S.; if or foreign during yes, those	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	(Month, hay and year)	
Gemale robite widowed	17 I HEREBY CERTIFY, That I attended deceased from	
5a If married, widowed or divorced	Jet. 14 . 19 22 to / 13 , 19 22	
5a If married, widowed or divorced HUSBAND of Carrey (or) WIFE of Carrey	that I last saw her alive on 20.13 , 1922 and	
6 DATE OF BIRTH (Month, day and year)	that death occurred on the date stated above at 30. m.	
	The CALISE OF DEATH! was as follows:	
7,7,012	Car Comma in March a sila.	
55 5 1 day hrs. OR min.	Decubitus 8	
8 OCCUPATION OF DECEASED		
(a) Trade, profession, or	0	
particular kind of work (b) General nature of industry,	(duration) yrs. 7 mos. ds.	
business, or establishment in which employed (or employer)	CONTRIBUTORY (Secondary)	
(c) Name of employer.	(duration)yrsmosds.	
9 BIRTHPLACE (city or town) / Laster as Onlaris	18 Where was disease contracted If not at place of death?	
(state or country)	Did an operation precede death? The Date of Fish. 192	
10 NAME OF FATHER John Sheehan		
0 11 BIRTHPLACE	Was there an autopsy? 70	
OF FATHER (city or town) Ireland (state or country)	What test confirmed diagnosis? A ray of purchase	
Θ .	(Signed) Liver Sulfe M. D.	
OF MOTHER Jane Dunn	Mr. 14, 19 22, Address Chilea, mich	
13 BIRTHPLACE OF MOTHER (city or town) Greland (state or country)	*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.	
14. go ma Conti	19 PLACE OF BURIAL, CREMATION, Date of Burial	
(Address) Chlere man	OR REMOVAL Hactyry, 200	
15 M	2 UNDERTAKER CON Address	
Filed 141 14 , 19 2 2 SWWalworth Registrer.	2 UNDERTAKER Staffan Chelde Mis Chelde Mis	

TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No Village Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) WRITE FULL NAME (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. Residence No. PLAIN (Usual place of abode) VIS. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 Single, Married, Widowed or 3 SEX 4 Color or Race (Month, day and year) Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of N UNFADING (or) WIFE of П that death occurred on the date stated above at ./. 1.m. 6 DATE OF BIRTH S (Month, day and year) The CAUSE OF DEATH* was as follows: I If LESS than Months Days 7 AGE Years ancho Incumana N 1 day..... hrs. 12 95 I 8 OCCUPATION OF DECEASED U SIHT (a) Trade, profession, or (duration) Vrs. mos particular kind of work T (b) Genera' nature of industry. CONTRIBUTORY business, or establishment in S (Secondary) which employed (or employer) N mos..... (duration)yrs.... Þ (c) Name of employer. 18 Where was disease contracted W 9 BIRTHPLACE (clty or town) If not at place of death?. ERMANENT Ž (state or country) Did an operation precede death? _____ Date of. 10 NAME OF FATHER Wasthere an autopsy?... 11 BIRTHPLACE What test confirmed diagnosis? OF FATHER (city or town) (state or country)

00, 10 , 19 2 2, Address

CIDENTAL, SUICIDAL, OF HOMICIDAL.

OR REMOVAL

UNDERTAKER

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Registrar.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT

CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-

PLACE OF BURIAL, CREMATION.

I PLACE OF DEATH

ARENT

12 MAIDEN NAME

OF MOTHER

OF MOTHER (city or town)

(state or country)

13 BIRTHPLACE

Informant

(Address)

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

REC

RD

Date of Burial

Address

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I PLACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No. Village Ward) (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. (a) Residence No.....(Usual place of abode) Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 Single, Married, Widowed or 4 Color or Race (Month, day and year) 1922 Divorced (Write the word) I HEREBY CERTIFY. That I attended deceased from 5a If married, widowed or divorced HUSBAND of (or) WIFE of Ulmme that death occurred on the date stated above at 10 arm. 6 DATE OF BIRTH (Month, day and year) The CAUSE OF DEATH* was as follows: If LESS than 7 AGE Years Months Days hrs. 1 day OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (duration) yrs. mos. ds. (b) General nature of industry, business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (duration) vrs. mos. ds. (c) Name of employer. 18 Where was disease contracted 9 BIRTHPLACE (city or town) (state or country) If not at place of death? Did an operation precede death? Date of 10 NAME OF FATHER cers 11. Was there an autopsy?..... 11 BIRTHPLACE S OF FATHER (city or town) What test confirmed diagnosis? ENT (state or country) 12 MAIDEN NAME (1V. 2 7, 19 22 . Address OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE Causes, state (1) Means and Nature of Injury, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burlal Informant OR REMOVAL (Address) Address 2 UNDERTAKER Registrar.

Registrar.

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Form 93a-9-5-21-1000 Books-100 pages. MARGIN RESERVED FOR BINDING

IPLA	CE OF DEATH	MICHI	GAN DEPARTMENT OF HEALTH		
County CO	ashlevour	••••••	Division of Vital Statistics		
Township Lylran TRANSCR			IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER		
Village C	Lelsea		Registered No. 23		
City		(No.	St. Ward in a hospital or institution, give its NAME instead of street and number.)		
2 FULL NAT	0116	A second	on a nospital of institution, give its NAME instead of street and number.)		
	WE WAS	· NACO			
(a) Residenc (Usual pla	e No ace of abode) in city or town where death o	•			
		***************************************	ds. How long in U. S., if of foreign birth? yrs. mos. ds		
3 SEX	4 Color or Race	5 Single, Married, Widowed or	MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 Color of Race	Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) Nov. 27 19 2		
Jemale	white	married.	I HEREBY CERTIFY, That I attended deceased from		
5a If married	widowed or divorc	ed o	Jan. 1, 19 20, to Nov. 23, 1922		
(or) WIF	widowed or divorce ND of E of James	speer.	that I last saw head alive on Man 23, 1922and		
6 DATE OF I	BIRTH May	22.1860	that death occurred on the date stated above at 2 a m		
7 AGE	Years Months	Days If LESS than	The CAUSE OF DEATH* was as follows:		
	62 6	5 1 day hrs.	Cerebral apaples y		
10.00	va v	ORmin.	(number of attacks)		
8 OCCUPATI	ON OF DECEASED		11. 1st att. & about 3.		
(a) Trade, profession, or / August 1			Jus o		
particular kind of work (b) General nature of industry,			(duration) yrs. mos. ds		
business, or establishment in which employed (or employer)			(Secondary)		
(c) Name of e	mployer.		(duration) yrs. mos. ds		
9 BIRTHPLACE (city or town)			18 Where was disease contracted		
(state or cou	ntry)	anegow .	If not at place of death?		
10 NAME OF FATHER Longe Cunningham 11 BIRTHPLACE OF FATHER (city or town) Michigan (state or country)		ge Cunningham	Did an operation precede death? M. Date of		
		200	Was there an autopsy?		
		nichegan	What test confirmed diagnosis?		
12 MAIDE	N NAME OLO	mal	(Signed) A. M. Palmer ,M. D		
OF MO	OF MOTHER Johnson		, 19 , Addross Chelsea, mich.		
OF MO	13 BIRTHPLACE OF MOTHER (city or town) Michigan		*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Ac-		
(state)	or country)	Tomacon Long Transmission	CIDENTAL, SUICIDAL, OF HOMICIDAL.		
Informant	Large St	seer	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL		
(Address)	Dellard !	nich	Oak Those Cemetery Nov. 29,1922		
Filed No	1.29,1922	Teveralwords	2 UNDERTAKER Address		
		Registrar.	S. a. maple Chiles, M		

Form 93a-9.5-21-1000 Books-100 pages.

	I PLACE OF DEATH MICHIG	GAN DEPARTMENT OF HEALTH
Cour	w Chapterow	Division of Vital Statistics
	TRANSCRI	PT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Tow	nship	Registered No. 27
Vilia	ge Chilsea Old	O 1 N
	(No. (If death occurred in	a hospital or institution, give its NAME instead of street and number.)
City	7	K2
2 F	ULL NAME	
(a)	Residence No. (Usual place of abode)	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Lengi	h of residence in city or town where death occurred	MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH New 27 1921
3 5	Single Married, Widowed or	(Month, day and year)
1	i i i i i i i i i i i i i i i i i i i	17 I HEREBY CERTIFY, That I attended deceased from
01	emale whele warma	new 27, 1922, to now 27, 1922
5a	If married, widowed or divorced HUSBAND of	that I ast saw h evalive on New 27, 19 22 and
	(or) WIFE of	that death occurred on the date stated above at 5 P. m.
6 [North day and year)	The CAUSE OF DEATH* was as follows:
	1 St. than Days If LESS than	The CAUSE OF DEATH Was to be a felicity
7 /	1 day hrs.	
	53 /0 21 OR min.	Lift strangelingung
	DECEASED	lief in few moutes after allow
8	OCCUPATION OF DECEASED (6) Trade, profession, or	(duration) yrs. mos. ds
	particular kind of work	
	(b) General nature of industry, business, or establishment in	CONTRIBUTORY (Secondary)
	which employed (or employer)	(duration)yrsmosa
_	(c) Name of employer.	18 Where was disease contracted
9	BIRTHPLACE (city or town) Muchy	If not at place of death?
_	1 M. 1/ B.	Did an operation precede death? 20 Date of
	10 NAME OF FATHER WM A. I LESSAC	Was there an autopsy?
.0	11 BIRTHPLACE	What test confirmed diagnosis?
T	OF FATHER (city or town) Jew York (state or country)	(Signed) a.a. Calmed M. I
PARENTS	12 MAIDEN NAME many & wholey	19 Address Chelian, Mich
AA	OF MOTHER They	- Common Dearg or in deaths from Viola
Ω.	13 BIRTHPLACE	CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) Whether A.
	OF MOTHER (city or town) New York	CIDENTAL, SUICIDAL, OF HOMICIDAL.
MET		19 PLACE OF BURIAL, CREMATION, Date of Burial
1	Informant for Juctures	manchester Mich. Nov. 29192.
	(Address) Justake Michigan	2 UNDEBTAKER Address
1	Filed Nov 28, 19 22 Teverstorth	Mahier Crehea.//

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I PLACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No ... Village No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward) (a) Residence No. (Usual place of abode) (If non-resident give city or town and state) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? mos PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month, day and year) 3 SEX 5 Single, Married, Widowed or 4 Color or Race 19.2 2 Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of (cr) W!FE of that I last saw how alive on Nov. 24 6 DATE OF BIRTH that death occurred on the date stated above at 20, m. (Month, day and year) The CAUSE OF DEATH was as follows: 7 AGE Days Years Months If LESS than 1 day OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work(duration) yrs. mos. ds. (b) General nature of industry. business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (c) Name of employer. (duration)yrs. mos. ds. 18 Where was disease contracted BIRTHPLACE (city or town) (state or country) If not at place of death? Did an operation precede death?..... Date of..... 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE RENTS OF FATHER (city or town) What test confirmed diagnosis' (state or country) 12 MAIDEN NAME OF MOTHER . 19 2 2. Address 0 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE Causes, state (1) Means and Nature of Injury, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 14 19 PLACE OF BURIAL, CREMATION, Date of Burial Informant / OR REMOVAL (Address) 15 2 UNDERTAKER Address Filed W Registrar.

WRITE PLAINLY AR I N UNFADING П S П N T SIH T S N BIN PERMANENT DIZ REC

MICHIGAN DEPARTMENT OF HEALTH I PLACE OF DEATH Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No. Village (No. (if death occurred in a hospital or institution, give its NAME instead of street and number.) (Usual place of abode) (If non-resident give city or town and state) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred VIS. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 Single, Married, Widowed or 3 SEX 4 Color or Race 19 2 (Month, day and year) Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of (or) WIFE of that death occurred on the date stated above at 6 DATE OF BIRTH (Month, day and year) If LESS than 7 AGE Years Months Days 1 day hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (duration) Vrs. mos. (b) Genera' nature of industry, CONTRIBUTORY business, or establishment in which employed (or employer) (Secondary) 'duration' yrs... mos. (c) Name of employer. 18 Where was disease contracted BIRTHPLACE (city or town) If not at place of death?.. (state or country) Did an operation precede death? Mo Date of 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE NTS What test confirmed diagnosis? OF FATHER (city or town) (state or country) RE 12 MAIDEN NAME OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION. Date of Burlal Informant OR REMOVAL 1922 (Address) 2 UNDERTAKER Address 15 worle Filed & Registrar

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I PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH County Wash Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No. Village ... (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. (Usual place of abode) (If non-resident give city or town and state) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? VIS. mos PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX Single, Married, Widowed or 4 Color or Race (Month, day and year) 19 2 2 Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of that I last saw h Malive on (or) WIFE of that death occurred on the date stated above at 200 m. 6 DATE OF BIRTH (Month, day and year) 860 The CAUSE OF DEATH* was as follows: 7 AGE Days If LESS than Years Months 1 day hrs. 60x OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work mos..... ...(duration) vrs. (b) General nature of industry. business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (duration) yrs, mos, ds, (c) Name of employer. 18 Where was disease contracted 9 BIRTHPLACE (city or town) If not at place of death?.... (state or country) Did an operation precede death? Date of 10 NAME OF FATHER Wasthere an autopsy? 11 BIRTHPLACE S OF FATHER (city or town) What test confirmed diagnosis? LZ (state or country) 12 MAIDEN NAME OF MOTHER - 18, 19 22, Address 0 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT OF MOTHER (city or town) CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burlal Informant (Address) 15 UNDERTAKER Address Registrar.

Informant

(Address)

Filed.

19 PLACE OF BURIAL, CREMATION.

OR REMOVAL

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Registrar

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Date of Burlal

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I PLACE OF DEATH

County Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No. Village No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward) City 2 FULL NAME St., Ward.....(If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. (a) Residence No......(Usual place of abode) mos Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) 5 Single, Married, Widowed or 192-3 SEX 4 Color or Race Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from white nale 2 , 19 2 3, to _____ J , 19 2 3 5a If married, widowed or divorced HUSBAND of (or) WIFE of that death occurred on the date stated above at 1.3 0 4m. 6 DATE OF BIRTH (Month, day and year) 192 The CAUSE OF DEATH* was as follows: If LESS than Years Months Days 7 AGE 1 day hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or (duration) yrs. mos. ds. particular kind of work. (b) General nature of industry, CONTRIBUTORY business, or establishment in (Secondary) which employed (or employer) (duration) _____yrs. ___mos. ___ds. (e) Name of employer. 18 Where was disease contracted 9 BIRTHPLACE (city or town) If not at place of death?.... (state or country) Did an operation precede death? Date of 10 NAME OF FATHER Was there an autopsy?.... 11 BIRTHPLACE S OF FATHER (city or town) What test confirmed diagnosis? ENT (state or country) 12 MAIDEN NAME Dany 4, 19 2 3 . Address OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-13 BIRTHPLACE OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Informant (Address) UNDERTAKER 15 Filed ... Registrar.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) WRITE (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. PLAINLY, MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 19 23 (Month, day and year) I HEREBY CERTIFY, That I attended deceased from UNFADING that death occurred on the date stated above at m DEATH* was as follows: (duration) SIH mos. CONTRIBUTOR (Secondary) S (duration) mos 18 Where was disease contracted 7 If not at place of death? ERMANENT Did an operation precede death? Wasthere an autopsy? What test confirmed diagnosis? RECO 2, 1923 , Address

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT

Causes, state (1) Means and Nature of Injury, and (2) whether Ac-

CIDENTAL, SUICIDAL, OF HOMICIDAL.

OR REMOVAL

UNDERTAKER

2

Registrar

19 PLACE OF BURIAL, CREMATION.

MICHIGAN DEPARTMENT OF HEALTH

mos

1837

hrs.

If LESS than

m'n.

1 day

OR

5 Single, Married, Widowed or

Days

our

Diverced (Write the word)

I PLACE OF DEATH

Residence No. (Usual place of abode)

(or) WIFE of

(a) Trade, profession, or particu ar kind of work

(e) Name of employer.

(state or country)

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

Informant

(Address

(b) Genera' nature of industry,

business, or e-tablishment in which employed (or employer)

BIRTHPLACE (city or town)

10 NAME OF FATHER

(state or country)

(state or country)

OF FATHER (city or town)

OF MOTHER (city or town)

6 DATE OF BIRTH

(Month, day and year)

Longth of residence in city or town where death occurred

5a If married, widowed or divorced HUSBAND of

Years

8 OCCUPATION OF DECEASED

4 Color or Race

PERSONAL AND STATISTICAL PARTICULARS

Months

Township

Village

3 SEX

7 AGE

S

ARENT

1

City

RG N T S T N T -1000 Books-T N B

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Date of Burlal

Address

13 1923

BINDING FOR MARGIN RESERVED

Form 93a-9-5-21-1000 Books-100 pages.

WRITE PLAIRLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.

I PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics

Township & 40 - 1	
Township	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chila	Registered No.
City (No. (If death occurred	in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME	
(a) Residence No. (Usual place of abode)	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of to eign birth? yrs. mos. ds.
Length of residence in city or town where death occurred yrs. mos.	us. How long in O. S., it of foreign births yes. thos. Us.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) Feb. 24 19 23
Finale white mure	17 I HEREBY CERTIFY, That I attended deceased from
	Jan 16, 19 3 3, to 1 16, 19 23
5a If married, widowed or divorced HUSBAND of	that I last saw h M alive on 16, 19 3 and
(or) WIFE of	that death occurred on the date stated above at
6 DATE OF BIRTH (Month, day and year) 26, 1841	
7 AGE Years Months Days If LESS than	
71 6 27 1 dayhrs.	Choose apopuly
0 ORmin.	
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	
(b) General nature of industry,	(duration) yrs. mos. ds.
business, or establishment in which employed (or employer)	CONTRIBUTORY (Secondary)
(c) Name of employer. Lun / Jone.	(duration)yrs. mos. ds.
9 BIRTHPLACE (city or town)	18 Where was disease contracted
(state or country)	If not at place of death?
10 NAME OF FATHER England	Did an operation precede death? Date of
LI BIDTUDI ACE	Was there an autopsy?
OF FATHER (city or town) () seuf.	What test confirmed diagnosis?
(state or country)	(Signed) J. W. Palmer M. D.
0 12 MAIDEN NAME OF MOTHER	, 19 , Address Chelose Miss
Δ	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
OF MOTHER (city or town)	Causes, state (1) Means and Nature of Injury, and (2) whether Ac-
(state or country)	CIDENTAL, SUICIDAL, OF HOMICIDAL.
14 Informant 14. 9. Janew.	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
(Address) Chilica Mich.	Oak From Cemeters Mr. 26 19 23
	2 UNDERTAKER Address
Filed Mar. 5, 19 23 Walworth Registrar	Teo P Stallaw Cheles Me

WRITE PLAINLY AR TIM N T S П N ZX T SIHT T S N BI PERMANENT U RECORD

9-5-21-1000

MICHIGAN DEPARTMENT OF HEALTH I PLACE OF DEATH Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No....4 Village (If death occurred in a hospital or institution, give its NAME instead of street and number.) (If non-resident give city or town and state) (Usual place of abode) How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 Single, Married, Widowed or 19 2 3 SEX 4 Color or Race (Month, day and year) Divorced (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of that I 'ast saw h walive on (or) WIFE of that death occurred on the date stated above at 3.4. m. 6 DATE OF BIRTH 18.1840 (Month, day and year) The CAUSE OF DEATH* was as follows: If LESS than Months Days Years 7 AGE 1 day hrs. 10 OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or (duration) yrs. mos. ds. particular kind of work (b) General nature of industry. CONTRIBUTORY business, or e tablehment in (Secondary) which employed (or employer) mos.....ds. (duration) yrs..... (c) Name of employer. 18 Where was disease contracted If not at place of death? BIRTHPLACE (city or town) (state or country) Did an operation precede death?... Date of 10 NAME OF FATHER Wasthere an autopsy? 11 BIRTHPLACE What test confirmed diagnosis ARENTS OF FATHER (city or town) (state or country) 12 MAIDEN NAME . 19 2 . Address OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-13 BIRTHPLACE OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) Date of Burlal 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Informant. 19 2 (Address) Address UNDERTAKER hilea Mul Registrar.

RECORD ANENT BINDIN PERM K S S E 0 (II) ā S 4 H Z 2 2 3

I PLACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics Township ... TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No. Village ... (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) 2 FULL NAME (a) Residence No.....(Usual place of abode) (If non-resident give city or town and state) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) 5 Single, Married, Widowed or 3 SEX 4 Color or Race 1923 Divorced (Write the word) un dow I HEREBY CERTIFY. That I attended deceased from 5a If married, widowed or divorced HUSBAND of (or) WIFE of Jand that I last saw h w alive on that death occurred on the date stated above at 94 .m. 6 DATE OF BIRTH (Month, day and year) The CAUSE OF DEATH* was as follows: Days If LESS than 7 AGE Years Months 1 day hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (duration)yrs. mos. ds. (b) General nature of industry, business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (duration)yrs. mos. ds. (c) Name of employer. 18 Where was disease contracted 9 BIRTHPLACE (city or town) If not at place of death?..... (state or country) Did an operation precede death? 20 Date of 10 NAME OF FATHER Wasthere an autopsy? To 11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? RENT (state or country) 12 MAIDEN NAME mar 10, 19 73, Address OF MOTHER WRIT *State the Disease Causing Death, or in deaths from VIOLENT 13 BIRTHPLACE Causes, state (1) Means and Nature of Injury, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Informant (Address) 2 Address Registrar

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING Form 93a-9.5-21-1000 Books-100 pages.

	I PLACE OF DEATH MICHIC	GAN	DEPARTMENT OF HEALTH
Call	nty coasteraux		Division of Vital Statistics
	2 1 TRANSCRI	PT OF	CERTIFICATE OF DEATH-LOCAL REGISTER
Tow	vnship Augustian	5.5.	Registered No.
Villa	age Chelsea		Ward)
City	(No(If death occurred in	n a hosp	ital or institution, give its NAME instead of street and number.)
Y-My-1-St	many Stallan		
2	FULL NAME		St., Ward.
(a)	(Usual place of abode)	ds.	St., Ward. (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. ds.
Leng	th of residence in city of fown where death occurred	1	MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS 4 Color or Race 5 Single, Married, Widowed or	16 D.	ATE OF DEATH (Month, day and year) March 10 1925
3 5	Divorced (Write the Word)	17	EREBY CERTIFY, That I attended deceased from
H.	emale white widowed	n	arch 7, 19 23, to march 8, 19 23
52	If married, widowed or divorced		n / 1
- Cu	(or) WIFE of Michael Staffan		I ast saw II
6	DATE OF BIRTH (D. + 1/ 1844	11	death occurred on the date stated above at 2: 20m.
-	Month, day and year)	The	CAUSE OF DEATH* was as follows:
7	AGE Years Months Days 1 Less than		eres of opening
	18 6 24 OR min.		
-	OCCUPATION OF DECEASED		
0	(a) Trade, profession, or Jouseufs		/duration) yrs. mos. ds
	particular kind of work. (b) General nature of industre,		
	business, or establishment in which employed (or employer)	CON	econdary arthurs on cleans mos deads
	(c) Name of employer. Que Home.		Where was disease contracted
_	1 1 .		If not at place of death?
9	(state or country) Muchegan		an operation precede death? 20 Date of
	10 NAME OF FATHER John Emmer	11	sthere an autopsy?
	11 BIRTHPLACE	11	
TS	OF FATHER (city or town)	Wh	at test confirmed diagnosis?
ARENTS	(state or country)	- 0	(Signed) Charles (Signed)
AR	12 MAIDEN NAME Mary Joj.		wh 12.1973, Address husea, Man.
0.	13 BIRTHPLACE	CAT	State the DISEASE CAUSING DEATH, or in deaths from VIOLEN BES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac
	OF MOTHER (city or town) Lumany (state or country)	CIDE	NTAL, SUICIDAL, OF HOMICIDAL.
-		19	PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
1.	Informant Line Staffing	2	1. Olivet Cemetery many 13192
wor.	(Address) helse fruch	20	UNDERTAKER Address
1	Filed March 2,80 23 Chullalubillo Registrar	a -l	leo P. Staffan Cheken Mei

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. RESERVED FOR BINDING Form 93a-9.5-21-1000 Books-100 pages. MARGIN

I PLACE OF DEATH MICHIC	GAN DEPARTMENT OF HEALTH
County Cashteres	Division of Vital Statistics
Township Transcri	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER
6 D D	Registered No.
Village Chelsea (No.	St
City (If death occurred in	a hospital or institution, give its NAME instead of street and number.
2 FULL NAME Caraline Course	nd.
(a) Residence No (Usual place of abode) (Length of residence in city or town where death occurred yrs, mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Single Married, Widowed or	16 DATE OF DEATH (Month, day and year) March / 6 1923
Divorced (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Penale white wordowed	march 15, 1973, to march 16, 1923
5a If married, widowed or divorced HUSBAND of	that I last saw h & alive on mark 15, 19 3 Sand
(or) WIFE of U.D. Joursend.	that death occurred on the date stated above at 2:30m.
6 DATE OF BIRTH Feb. 10 1845	The CAUSE OF DEATH* was as follows:
7 AGE Years Months Days If LESS than	The CAUSE OF DEATH was as follows:
0 0 1 dayhrs.	Corebral apoples
/8 / ORmin.	
8 OCCUPATION OF DECEASED	<u> </u>
(a) Trade, profession, or particular kind of work	(duration) yrs. mos. ds.
(b) General nature of industry.	CONTRIBUTORY artirus elerosis
business, or establishment in which employed (or employer)	(Secondary) yrs. mos. ds.
(c) Name of employer.	18 Where was disease contracted
9 BIRTHPLACE (city or town) Muchigan	If not at place of death?
0 · 1 A ·	Did an operation precede death? Date of
10 NAME OF FATHER David Depon	Was there an autopsy? ~~~
of FATHER (city or town) New york.	What test confirmed diagnosis?
Z (state or country)	(Signed) Andray Julde M. D.
(state or country) 12 MAIDEN NAME Zillah P. Lyler OF MOTHER	May. 16.19 23, Address Chelses mich.
a compression of	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Ac-
OF MOTHER (city or town) / Lew York	CIDENTAL, SUICIDAL, OF HOMICIDAL.
(state or country)	19 PLACE OF BURIAL, CREMATION, Date of Burial
Informant Homes Sources	Och Long Cemetery Mar. 1819 23
(Address) helpen, frich	2 WNDERTAKER Address
15 Filed May 29 , 19 23 By Walnuth	Seo P. Staffan Chelsea Mus
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TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER. Township Registered No. Village (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) RITE (If non-resident give city or town and state) (Usual place of abode) PLAINLY, How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 Single, Married, Widowed or (Month, day and year) 4 Color or Race 3 SEX Divorced (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from HTIM 19 7 J. to 5a If married, widowed or divorced HUSBAND of that I 'ast saw here alive on the week UNFADIN (or) WIFE of 20 that death occurred on the date stated above at 1. Jum. 6 DATE OF BIRTH The CAUSE OF DEATH* was as follows: (Month, day and year) If LESS than Days Months Years 7 AGE ิด 1 day hrs. Z OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or SIK mos (duration) ____yrs.___ particu ar k nd of work (b) General nature of industry, CONTRIBUTORY S business, or establishment in (Secondary) which employed (or employer) mos.....ds. 'duration) yrs..... D (c) Name of employer. 18 Where was disease contracted v ER If not at place of death? BIRTHPLACE (city or town) (state or country) 3 Did an operation precede death? ANENT 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE What test confirmed diagnosis? OF FATHER (city or town) PARENT Z (state or country) 12 MAIDEN NAME . 19 7 L. Address

I PLACE OF DEATH wash

OF MOTHER

OF MOTHER (city or town)

(state or country)

13 BIRTHPLACE

Informant

(Address

15 Filed MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-

Mr. 17 19

Address

19 PLACE OF BURIAL, CREMATION, Date of Burial

CIDENTAL, SUICIDAL, OF HOMICIDAL.

OR REMOVAL

UNDERTAKER

2

Registrar.

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WRITE

I PLACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Village ... Registered No. (No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) City .. 2 FULL NAME Residence No..... (Usual place of abode) (If non-resident give city or town and state) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? VIS. mos. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month, day and year) 3 SEX 5 Single, Married, Widowed or 4 Color or Race Divorced (Write the word) 19 7 8 I HEREBY CERTIFY, That I attended deceased from recdouver 5a If married, widowed or divorced HUSBAND of that I last saw h un alive on (or) WIFE of 6 DATE OF BIRTH (Month, day and year) that death occurred on the date stated above at 5 4 m. 0 The CAUSE OF DEATH* was as follows: 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. ...(duration)yrs. mos. ds. (b) General nature of industry, business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (c) Name of employer. 18 Where was disease contracted BIRTHPLACE (city or town) If not at place of death?.... (state or country) Did an operation precede death? Date of 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE S OF FATHER (city or town) What test confirmed diagnosis? HZ (state or country) 12 MAIDEN NAME 7 7 3. Address *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial Informant OR REMOVAL (Address) UNDERTAKER 2 Address Registrar

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MICHIGAN DEPARTMENT OF HEALTH I PLACE OF DEATH Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No. 10 Village No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward (Usual place of abode) (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. Length of residence in city or town where death occurred mos MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 Single, Married, Widowed or 4 Color or Race 3 SEX (Month, day and year) 1923 Divorced (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 19 22. to 5a If married, widowed or divorced HUSBAND of (or) WIFE of that death occurred on the date stated above at / - 30 m. 6 DATE OF BIRTH (Month, day and year) The CAUSE OF DEATH was as follows: If LESS than 7 AGE Years Months Days 5 1 day hrs. 0 OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ds. (b) General nature of industry. CONTRIBUTORY business, or establishment in (Secondary) which employed (or employer) (duration) mos. (c) Name of employer. 18 Where was disease contracted BIRTHPLACE (city or town) If not at place of death? (state or country) Did an operation precede death? Date of 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE ARENTS OF FATHER (city or town) What test confirmed diagnosis? (state or country) 12 MAIDEN NAME may 16, 19 23, Address OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burlal Informant (Address) UNDERTAKER Address 15 2 Filed Registrar.

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	County Charles	MICHI	A STATE OF THE PARTY OF THE PAR	ARTMENT OF HEA	ALTH •
	0 0			of Vital Statistics	
	Township Lylian	TRANSCR	IPT OF CERTIFIC	CATE OF DEATH-LOCAL REG	
	Village Chilses			Registered No.	
	City	If death occurred	in a hospital or insti	St. tution, give its NAME instead of st	reet and number.)
RECORD	2 FULL NAME Sarah J.	Tate	.		
Ĕ	(a) Residence No. (Usual place of abode)		St., War	·d	
	(Usual place of abode) Length of residence in city or town where death occurred	yrs. mos.	ds. How long i	n U. S., if of foreign birth? yrs.	own and state) mos. ds.
RMANENT	PERSONAL AND STATISTICAL PARTICULARS		IN E	DICAL CERTIFICATE OF DEA	TH
Z	3 SEX 4 Color or Race 5 Single, N	farried, Widowed or (Write the word)	16 DATE OF I	DEATH y and year) June 8	19 2 3
3	male 1	ried.	17	CERTIFY, That I attended	
PE		4	Sept.		
4	5a If married, widowed or divorced HUSBAND of (or) WIFE of	Lates	that I last saw	halive on	, 19and
S	6 DATE OF BIRTH	. 5	that death occ	curred on the date stated ab	ove at /2Am.
E	7 AGE Years Months Days	1844 If LESS than	The CAUSE C	F DEATH was as follows:	
Ė		1 day hrs.	male	grant Enda	cardilis
X	79 6 76	ORmin.		U	
0	(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)				
ž				(duration) 2 yrs.	
AD					
UNFADIN			(Secondary)	DRY	
	(c) Name of employer.			disease contracted	mosds.
MITH	9 BIRTHPLACE (city or town) New Yer	sey.		lace of death?	
	10 NAME OF FATHER Than France		Did an operati	on precede death?Date	e of
7		ager	Wasthereana	autopsy?	
PLAINLY	of FATHER (city or town)		What test con	firmed diagnosis?	
	Z (state of country)	ð — —	(Signed)	T. Buch	, M. D.
1	of MOTHER actiti	er Remax	June 10.19		mich.
WRITE	13 BIRTHPLACE OF MOTHER (city or town) New Jersey . (state or country)		•State the Du	SEASE CAUSING DEATH, or in dea	the from VIOLENT
200			CIDENTAL, SUICID	MEANS AND NATURE OF INJURY, an	id (2) whether Ac-
	14 Informant Edward Vog	1	19 PLACE OF	BURIAL, CREMATION, I	Date of Burlal
	(Address) Chlara, Mich	٤	OR REMO	TAL Constant	June // 1923
	15 Filed July 6 . 19 23 Lessel	values	2 UNDERTA	KER THE	Address
	- July Chi	Registrar.	Le . P.	Steffan (Lelsen, med
				6	

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I PLACE OF DEATH	MICHIO	GAN DEPARTMENT OF HEALTH		
County Washlenser		Division of Vital Statistics		
Township Sylvan	TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
Village Chelsen		Registered No. 12		
City	(No. (If death occurred)	n a hospital or institution, give its NAME instead of street and number.)		
The stare	TUider	neight.		
2 FULL NAME				
(a) Residence No(Usual place of abode)		St., Ward. (If non-resident give city or town and state)		
Length of residence in city or town where death eccurred	yrs, mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 Color or Race 5 S	ingle, Married, Widowed or iverced (Write the word)	16 DATE OF DEATH (Month, day and year) June 8 1923		
male whole ?	nurred	I HEREBY CERTIFY, That I attended deceased from		
5a If married, widowed or divorced	2-10	my 12 , 19 2 3 to June 8 , 19 2 3		
(or) WIFE of Elizabeth	Bartch	that I 'ast saw han alive on 1973 and		
6 DATE OF BIRTH MO	18/0	that death occurred on the date stated above at .m.		
(Month, day and year) / (40. 28	Days If LESS than	The CAUSE OF DEATH was as follows:		
7 AGE Years Months D	lf LESS than			
62 6	OR min.	0		
8 OCCUPATION OF DECEASED				
(a) Trade, profession, or rarticular kind of work	5 Irea.	(duration) yrs. mos. ds.		
(b) General nature of industry,	/ 4			
which employed (or employer)	of - way and	CONTRIBUTORY (Secondary)		
(c) Name of employer. Lan Ca	theor	(duration) yrs. mos. ds.		
O DIDTUDI AOR (altre or term)	4	18 Where was disease contracted		
9 BIRTHPLACE (city or town) Mic (state or country)	Ligan	If not at place of death?		
10 NAME OF FATHER Le . F.	Wideneyer	Did an operation precede death? 25.3 Date of		
11 BIRTHPLACE	0	Was there an autopsy?		
OF FATHER (city or town) (state or country)	many	What test confirmed diagnosis?		
Z (State of Country)	E 21	(Signed)		
(state or country) (state or country) 12 MAIDEN NAME Cuguida OF MOTHER	. C. Fruner	June 10, 19 7 3, Address Cheland, Inch		
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	rmany	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injunt, and (2) whether Accidental, Suicidal, or Homicidal.		
14 Informant Chapter W	dineyer	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL		

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I PLACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH County Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Village Registered No. (No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward) RECORD. St., Ward. (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred VIS. mos PERMANENT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 Single, Married, Widowed or 4 Color or Race 19 2 3 (Month, day and year) Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of d that I last saw h malive on..... (or) WIFE of S 6 DATE OF BIRTH that death occurred on the date stated above at // 40m. S (Month, day and year) Ξ The CAUSE OF DEATH* was as follows: If LESS than 7 AGE Days Years Months 1 day hrs. INK OR min. 8 OCCUPATION OF DECEASED O ADIN (a) Trade, profession, or particular kind of work(duration) yrs. mos. ds. (b) General nature of industry. business, or establishment in NF CONTRIBUTORY which employed (or employer) (Secondary) 3 (c) Name of employer.(duration)vrs. mos. ds. 18 Where was disease contracted WIT BIRTHPLACE (city or town) (state or country) If not at place of death?... Did an operation precede death? Date of 10 NAME OF FATHER PLAINLY Was there an autopsy? 11 BIRTHPLACE ARENTS OF FATHER (city or town) What test confirmed diagnosis? (state or country) (Signed) 12 MAIDEN NAME WRITE OF MOTHER rue 10, 1923, Address *State the Disease Causing Death, or in deaths from Violent 13 BIRTHPLACE CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 14 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Informant (Address) une/2197 15 2 UNDERTAKER Address whyorely Registrar.

13 BIRTHPLACE

Informant

(Address)

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OF MOTHER (city or town)

(state or country)

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19 FJ

Address

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*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT

Causes, state (1) Means and Nature of Injust, and (2) whether Ac-

19 PLACE OF BURIAL, CREMATION, Date of Burial

CIDENTAL, SUICIDAL, OF HOMICIDAL.

OR REMOVAL

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Registrar.

Division of Vital Statistics County TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township ...Q Registered No. Village (No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) City ECORD 2 FULL NAME St., Ward.... (If non-resident give city or town and state) (a) Residence No...... (Usual place of abode) How long in U. S., if of foreign birth? YES. mos. mos Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERMANENT PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) 5 Single, Married, Widowed or 19 4 Color or Race 3 SEX Divorced (Write the word) HEREBY CERTIFY, That I attended deceased from BIN arned 19.2.2. to -100 pages 5a If married, widowed or divorced that last saw h. bo. alive on HUSBAND of ø avound (or) WIFE of that death occurred on the date stated above at 9.15 m. α S 6 DATE OF BIRTH (Month, day and year) The CAUSE OF DEATH, was as follows: -1000 Books 5 Ī If LESS han Days Months Years 7 AGE 1 day hrs OR min. X X 山 8 OCCUPATION OF DECEASED 0 K (a) Trade, profession, or ž yrs. mos (duration) L particular kind of work. 5 (b) General nature of industry, S E CONTRIBUTORY business, or establishment in (Secondaly) ш which employed (or employer) S mos..... .(duration) . K (e) Name of employer. 18 Where was disease contracted If not at place of death?.... 9 BIRTHPLACE (city or town) HIM MARGIN (state or country) Did an operation precede death? Date of 10 NAME OF FATHER PLAINLY, Was there an autopsy? 11 BIRTHPLACE What test confirmed diagnosis? OR FATHER (city or town) ENT (Mate or country) 12 MAIDEN NAME OF MOTHER PARI 12.19 a JAddress *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-13 BIRTHPLACE OF MOTHER (clus or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Informant (Address) Address UNDERTAKER 2 Filed Pall Registrar

I PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

I PLACE OF DEATH MICHIC	GAN DEPARTMENT OF HEALTH
County Washlenaw	Division of Vital Statistics
1)	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 25 / 5
Village Chelsia	4
City (No. (If death occurred t	n a hospital or institution, give its NAME instead of street and number.)
Saral E. Reed.	
2 FULL NAME	Ct. Word
(a) Residence No. (Usual place of abode)	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurred yes.	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	(Month, day and year)
Dimale white Tordon	17 I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced HUSBAND of Mr Richard Reed.	that I ast saw h evalive on July 12, 19 3 and
6 DATE OF BIRTH May 1st. 1840	that death occurred on the date stated above at 101 m. The CAUSE OF DEATH* was as follows:
7 AGE Years Months Days If LESS than 1 dayhrs.	Hodghers Disease
83 2 /2 OR min.	
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or / Yousewife	/duration) yrs. 6 mos. ds.
(b) General nature of industry, business, or establishment in	CONTRIBUTORY
which employed (or employer)	(Secondary) (duration) yrs. mos. ds.
(c) Name of employer.	18 Where was disease contracted
9 BIRTHPLACE (city or town) Kentucky	If not at place of death?
10 NAME OF FATHER PM Cowheard	Did an operation precede death?Date of
	Was there an autopsy?
11 BIRTHPLACE OF FATHER (city or town) U. S. a. (state or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	What test confirmed diagnosis? (Signed)
	July 12.19 23 Address Chelsea. Mich.
13 BIRTHPLACE (city or town) U.S.A. (state or country)	#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.
(Address) Chilea, Mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL P.C. 19 19 23
15 Filed July 20, 19 23 Severalwork Registrar.	2 UNDERTAKER Address Chiles mil

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County Washingur MICHI	GAN DEPARTMENT OF HEALTH
County	Division of Vital Statistics
Village Chelsea City (No. Old (If death occurred) 2 FULL NAME Sarah & Rando	Registered No. 11/6 Registered No. 11/6 Registered No. 11/6 Registered No. 11/6 St. Ward) In a hospital or institution, give its NAME instead of street and number.) St., Ward. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Diverced (Write the word)	16 DATE OF DEATH (Month, day and year) July 20 192 3
I smale white wrdawed	1 HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that I last saw h w alive on July 20, 1923 and
6 DATE OF BIRTH (Month, day and year) Lec. 1 - 1830	that death occurred on the date stated above at !! Am.
7 AGE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:
92 7 /9 rusy or min.	Walnular Disease I heart
8 OCCUPATION OF DECEASED (a) Trade, profession, or	(duration) yrs. mos. ds. CONTRIBUTORY Hyperbluke green (Secondary) (duration) yrs. mos. 3 ds. 18 Where was disease contracted If not at place of death? Did an operation precede death? Date of
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) New york	
10 NAME OF FATHER Samuel Herrick	
11 BIRTHPLACE OF FATHER (city or town) New York (state or country)	Was there an autopsy? What test confirmed diagnosis?
C 12 MAIDEN NAME Sarah Newman	Jel 20, 19 2 3 Address Chelaca, M.D.
13 BIRTHPLACE OF MOTHER (city or town) (state or country) 13 BIRTHPLACE (city or town) 14 York	*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.
14 Informant Israe Brosurs	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
15 Filed July 24, 1923 G.W. Walnorth	2 UNDERTAKER Address
Registrar.	A. W. Mages Children. mu

Co		wash	GEATH		MICHIO	Division of Vital Statistics
	Township Sylan TRANSCRIP					PT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No
Cit	y FULL N		Susan	νί , ε.	Canfie	St. Ward n a hospital or institution, give its NAME instead of street and number.) St., Ward. (If non-resident give city or town and state)
Len	gth of residen	ce in city or t	town where death o		yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH
			ND STATISTIC			
J's	3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word) Limele white widowed					16 DATE OF DEATH (Month, day and year) Quy . 6 1974 17 1 HEREBY CERTIFY, That I attended deceased from 200, 1923
5a If married, widowed or divorced HUSBAND of (or) WIFE of				ced	and the same	that I ast saw her alive on any 6, 1925 and
6	DATE Of	F BIRTH	Jan.	3. 18	47	that death occurred on the date stated above at 70. m.
7	AGE	Years 7 6	6	Days	If LESS than 1 dayhrs. ORmin.	Car cimora 1 both freasts
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) Muchagan						/duration) yrs. mos. d CONTRIBUTORY (Secondary) / (duration) yrs. mos. d 18 Where was disease contracted If not at place of death?
				ichiga	e e	
10 NAME OF FATHER Orland Clark					lark	Did an operation precede death? Date of
PARENTS	11 BIRTHPLACE OF FATHER (city or town) New York (state or country) 12 MAIDEN NAME Catherine Sibley OF MOTHER				link	Wasthere an autopsy? What test confirmed diagnosis? (Signed) Let . W. Palmer M. D
					Enbley	, 19 , Address Chelsea, Mich.
	13 BIRTHPLACE (city or town) New york (state or country)			new y	rik	*State the Disease Causing Death, or in deaths from Violen Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, of Homicidal.
(Address) Chile, mich 15 Filed aug 10, 1923 J.W. Walsonh					valionity Registrar	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL OAK Grove Cemetery Address 2 UNDERTAKER Address Address Lelsea. May

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I PLACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Village Registered No.... (No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward) City St., Ward. (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. (a) Residence No...... (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX Single, Married, Widowed or 4 Color or Race (Month, day and year) 19 23 Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of (or) WIFE of that I last saw h Malive on ... 6 DATE OF BIRTH that death occurred on the date stated above at 120 m. (Month, day and year) The CAUSE OF DEATH* was as follows: 7 AGE Years Months Days If LESS than 1 day hrs. 0 OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. ...(duration)yrs. mos. (b) General nature of industry, business, or establishment in CONTRIBUTORY which employed (or employer) (duration)yrs. A..... mos. (c) Name of employer. 18 Where was disease contracted 9 BIRTHPLACE (city or town) If not at place of death?..... (state or country) Did an operation precede death? Lo Date of 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE ENTS OF FATHER (city or town) What test confirmed diagnosis? (state or country) 12 MAIDEN NAME OF MOTHER wy / 19 23 . Address *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE OF MOTHER (city or town) Causes, state (1) Means and Nature of Injury, and (2) whether Ac-CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial Informant OR REMOVAL (Address) 2 UNDERTAKER Filed. Registrar.

	IGAN DEPARTMENT OF HEALTH
county washtman	Division of Vital Statistics
Township Sylvania TRANSC	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
280	Registered No. 19
/illage (No(No	
City (If death occurre	d in a hospital or institution, give its NAME instead of street and number.)
FULL NAME Faul Robert Ol	elerle.
	St., Ward. (If non-resident give city or town and state)
Residence No. (Usual place of abode) ength 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	MEDICAL CERTIFICATE OF DEATH
La Calana Dana E Single Merried Widowed	16 DATE OF DEATH (Month, day and year) 21923
3 SEX 4 Color or Race Diverced (Write the word	17 I HEREBY CERTIFY, That I attended deceased from
Thate white Lingle	- 19 , 19 2 3 to aug 19 , 19 23
5a If married, widowed or divorced	
5a If married, widowed or divorced HUSBAND of (or) WIFE of May 19, 1916	that I 'ast saw ham alive on 9 MAR had , 19 and
6 DATE OF BIRTH	that death occurred on the date stated above at 3.30 m.
(Month, day and year)	The CAUSE OF DEATH* was as follows:
7 AGE Years Months Days If LESS th	
7 3 OR min.	
	C de la regeneraria.
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	(duration) yrs. mos. reds.
(b) General nature of industry, business, or establishment in	CONTRIBUTORY (Secondary)
which employed (or employer)	(duration) yrs. mos. ds.
(c) Name of employer.	18 Where was disease contracted
9 BIRTHPLACE (city or town) Chilea. Much	If not at place of death?
1 1 2 - 1	Did an operation precede death? Date of
10 NAME OF FATHER Ind Conterle	Was there an autopsy?
of 11 BIRTHPLACE OF FATHER (city or town) Sulan Jup. My	What test confirmed diagnosis?
(state or country)	(Signed) andras Luede , M. D.
(state or country) 12 MAIDEN NAME Justa Sutyner OF MOTHER	ay 20, 19 23, Address Chilea mich.
OF MOTHER Tuesa Trigger	estate the Disease Causing Death, of in deaths from Violen
13 BIRTHPLACE OF MOTHER (city or town) Jackson	CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Ac
(state or country) med	CIDENTAL, SUICIDAL, OF HOMICIDAL.
14. my J. O. Tinle	19 PLACE OF BURIAL, CREMATION, Date of Burial
Informant Children Much	Oak From Cemeleny aug. 2/192
(Address)	2 UNDERTAKER Address
Filed 1913 The Registre	Tes. P. Staffar Chelsea, Me

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

Form 93a-9-5-21-1000 Books-100 pages.

1 /	GAN DEPARTMENT OF HEALTH
County Washteraw	Division of Vital Statistics
Township Jaghan TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chiles	Registered No. 2-0
	n a hospital or institution, give its NAME instead of street and number.)
7 1 1 5 7	
2 FULL NAME COLET See 1000	ess you
(a) Residence No	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) Sept. 4 19 23
Trele white said	17 I HEREBY CERTIFY, That I attended deceased from
En If married unidered or discoord	Sept 4, 1923, to Sept \$4, 1923
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that I last saw h m alive on 5 13 , 1923 and
6 DATE OF BIRTH Supt . 3, 1923	that death occurred on the date stated above at 17 m.
	The CAUSE OF DEATH* was as follows:
7 AGE Years Months Days If LESS than 1 dayhrs.	Birt your Joep deliny
ORmin.	0 ()///
8 OCCUPATION OF DECEASED	Long as Contract more and the first
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry.	(duration) yrs. mos. ds.
business, or establishment in which employed (or employer)	(Secondary)
(c) Name of employer,	ds. (duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) Chilsea, Mich.	If not at place of death?
10 NAME OF FATHER Robert Lee Novese	Did an operation precede death? Date of
	Was there an autopsy?
of FATHER (city or town) Michigan	What test confirmed diagnosis?
(state or country) 12 MAIDEN NAME With Wello .	(Signed) Yuy Salway M. D.
of MOTHER With Wells.	Sypt . 4, 19 23, Address ann arbor much
13 BIRTHPLACE OF MOTHER (city or town) how york (state or country)	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.
14 Informant Robert See navis	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chilia Mich	Oak From Cemetery Sept 5 1923
15 Filed Sept. 5, 1923 Severalusal	2 UNDERTAKER Address
Filed R. Registrar.	Dro. P. Staffan Chilua mind

Township Agree of Delegate Transcript of Certificate of Death Local Registered No. 2 City City Characteristics Registered No. 2 FULL NAME Casar During (If death occurred in a bospital or institution, give its NAME instead of street and tumber (If death occurred in a bospital or institution, give its NAME instead of street and tumber (If death occurred in a bospital or institution, give its NAME instead of street and tumber (If death occurred in a bospital or institution, give its NAME instead of street and tumber (If non-reddent give city or town and state) (If non-reddent give city or town and st	PLACE OF DEATH	MICHI	GAN DEPARTMENT OF HEALTH
City (No. M. C. Loone) Registered No. 2 FULL NAME 2 FULL NAME (a) Residence No. (a) Residence No. (b) Registered in a hospital of institution, give its NAME instead of strees and number of the property	County Wastlenau		Division of Vital Statistics
City (No. M. C.	Township Syraw TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER		
2 FULL NAME (a) Residence No. (Usual place of abode) (Usual place o	m to IX a - a		
(a) Residence No. Logan of residence in city or town where desh occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 Color or Race 5 Snife, Married, Widowed or Diversed (Write the word) 5 a If married, widowed or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (Nonth, day and year) 6 DATE OF BIRTH (Nonth, day and year) 7 AGE Years Months Duys If LESS than I day hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, prefession, or rarifes ar kind of work (b) General nature of industry, business, or establishment in which employed (or employed) (c) Name of employer. 9 BIRTHPLACE (city or town) NAME OF FATHER (city or town) I BIRTHPLACE (state or country) 10 NAME OF FATHER (city or town) Cares, state (I) Means and Names or Issurar, and (2) whether Acceptance of the purisal Carema I was also and the procession of country) 14 Informant Mas. Auth Julear OR MOTHER (city or town) Or MOTHER	City	(If death occurred	in a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 Color or Race Diverced (Write the word) The Personal and Statistical Particulars 3 SEX 4 Color or Race Diverced (Write the word) The Personal and Statistical Particulars 3 SEX 4 Color or Race Diverced (Write the word) The Personal and Statistical Particulars 3 SEX 4 Color or Race Diverced (Write the word) The Calf of Death (Month, day and year) The Personal and Angles of Color of Race Hosses of Color of Race Angles of Color of Race Balt married, widowed or divorced Hosses of Color of Race Hosses of Color of Race Balt married, widowed or divorced Hosses of Color of Race Hosses of Color of Race Balt married widowed or divorced Hosses of Race of Color of Race Hosses of Color of Race Balt married widowed or divorced Hosses of Race of Color of Race Hosses of Race of Color of Race Balt married widowed or divorced Hosses of Race of Rac	2 FULL NAME Edson	Dunning	
3 SEX 4 Color or Race Diverted (Write the word) Walth while Washington or Diverted (Write the word) To HUSBAND or (or) WiFe of 6 DATE OF BIRTH (Month, day and year) 7 AGE Years Months Days If LESS than I day, hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (Month) may alwing deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the detail of the deceased from the date stated above at HO., and the deceased from the date stated above at HO., and the deceased from the detail of the deceased from the deceased from the detail of the deceased from the detail of the deceased from the deceased from the detail of the deceased from the deceased from the detail of the deceased from the deceased from the deceased from the deceased from the de	(a) Residence No	courred yrs, mos.	(If non-resident give city or town and state)
The CAUSE OF DEATH* was as follows: Social Strate Control of	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The CAUSE OF DEATH* was as follows: Social Strate of	3 SEX 4 Color or Race	5 Single, Married, Widowed or	16 DATE OF DEATH (Month, day and year)
that I ast saw h mailive on factor of that I ast saw h mailive on factor of the date stated above at the that death occurred on the date stated above at the that death occurred on the date stated above at the rate of the date of date	nale white	widoms	17 HEREBY CERTIFY, That I attended deceased from
that death occurred on the date stated above at #12, r AGE Years Months Days If LESS than I day hrs. OR min. B 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. D BIRTHPLACE (city or town) Makeron 10 NAME OF FATHER Malannamy 11 BIRTHPLACE (city or town) Makeron (state or country) 12 MAIDEN NAME OF MOTHER City or town) Makeron 13 BIRTHPLACE (city or town) Makron (state or country) 14 MAIDEN NAME OF MOTHER City or town) Makron (state or country) 15 MAIDEN NAME OF MOTHER City or town) Makron (state or country) 16 MOTHER (city or town) Makron (state or country) 17 MAIDEN NAME OF MOTHER City or town) Makron (state or country) 18 Maiden NAME OF MOTHER City or town) Makron (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL (Address) Makron Makron (Address) Makron Mother Makron (Address) Makron Mother Makron (Address) Makron Mother Makron (Address) Makron Mother Mother Makron (Address) Makron Mother Mothe	5a If married, widowed or divorce HUSBAND of	ed	1 (// - 2 2
The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* of DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* of DEATH* of Indeath* follows: The CAUSE OF DEATH* of DEATH* of Indeath*		20 1837	1
CONTRIBUTORY Secondary Learning Contracted Learning Contracted Secondary Learning Contracted Learning Contracted L	. //		
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, (duration) 2 yrs. 2 mos. descendary) (e) Name of employer, (e) Name of employer, (f) Secondary) (i) General industry (ii) General industry (iii) General industry (iii) General industry (iii) Guration) 2 yrs. 2 mos. descendary) (iii) Guration) 3 yrs. 2 mos. descendary) (iii) Guration) 2 yrs. 2 mos. descendary) (iii) Guration) 3 yrs. 2 mos. descendary) (iii) Guration) 2 yrs. 2 mo			
(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. (duration) 2 yrs. 2 mos. descendary (secondary) (second	86		Epithelina of
(a) Trade, profession, or partieu ar knd of work. (b) Georga' nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. (d) Secondary (a) CONTRIBUTORY (Secondary) (8 OCCUPATION OF DECEASED		1 J
(b) Genera' nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. BIRTHPLACE (city or town) IO NAME OF FATHER OF FATHER (city or town) II BIRTHPLACE OF FATHER (city or town) (state or country) IZ MAIDEN NAME OF MOTHER IS BIRTHPLACE OF MOTHER OF MOTHER IS BIRTHPLACE OF MOTHER (city or town) (state or country) II BIRTHPLACE OF MOTHER OF MOTHER II BIRTHPLACE OF MOTHER OF MOTHER II BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER II BIRTHPLACE OF MOTHER OF MOTHER	(a) Trade, profession, or	ray	
which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Muchagan 10 NAME OF FATHER M. J.	(b) General nature of industry.	71	(duration) 2 yrs. mos. d
(c) Name of employer. BIRTHPLACE (city or town) Make of FATHER Manning 10 NAME OF FATHER Manning 11 BIRTHPLACE OF FATHER (city or town) Unknown (state or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (city or town) 13 BIRTHPLACE OF MOTHER (city or town) 14 State or country) 15 BIRTHPLACE OF MOTHER (city or town) 16 CAUSES, state (1) MEANS AND NATURE OF INJURT, and (2) whether Accidental, Suicidal, or Homicidal. 16 OR REMOVAL 17 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL 18 Where was disease contracted If not at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? (Signed) State the DISEASE CAUSING DEATH, or in deaths from Violating Causes, state (1) MEANS AND NATURE OF INJURT, and (2) whether Accidental, Suicidal, or Homicidal. 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL (Address) 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Address Lawrence Causing Death, or in deaths from Violating Causes, state (1) MEANS AND NATURE OF INJURT, and (2) whether Accidental Control of the process of the	business, or establishment in which employed (or employer)		(Conon do res)
If not at place of death? If not at place of death? Did an operation precede death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) PLACE OF BURIAL, OREMATION, Date of Burial OR REMOVAL OR REMOVAL Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? (Signed) Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis?	(c) Name of employer.	A STATE OF THE STA	(duration) yrs. mos. d
Did an operation precede death? Date of Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Signed) Such M. 1 Signed) Such State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death, or in deaths from Violant (state or country) State the Disease Causing Death (state or country)	9 BIRTHPLACE (city or town)	cheans.	
Was there an autopsy? What test confirmed diagnosis? What test confirmed diagnosis? (Signed) S. J. Such M. I. State or country) Was there an autopsy? What test confirmed diagnosis? (Signed) S. J. Such M. I. State of MOTHER (city or town) What was an indicated or country) State the Disease Causing Death, or in deaths from Violes. Causes, state (1) Means and Nature of Injurt, and (2) whether Accidental, Suicidal, or Homicidal. Informant Was Edith Jules. (Address) Language Machana Content of Burial OR REMOVAL (Address) Language Machana Content of B	man	11	
What test confirmed diagnosis? (Signed) Sush M. (Signed) Sush M	10 NAME OF FATHER	dunning	
13 BIRTHPLACE OF MOTHER (city or town) (state or country) 4 Informant (Address)	of FATHER (city or town) Unknown		
13 BIRTHPLACE OF MOTHER (city or town) (state of country) 4 Informant Mrs. Edith Jelers (Address)	12 MAIDEN NAME	4	01 2 - 0
(State or country) CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether A CIDENTAL, SUICIDAL, OF HOMICIDAL. Informant Mar. Edith Jules (Address) Language Muchgan (Address) Language Muchg	The state of the s	West to to	
(Address) Lansing michigan Rose Lain Cemetery Diof. / 192		Unknow	CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether A
(Address) Lansing michigan Rose Lawn Cemetery Diet. / 102		Tulers	19 PLACE OF BURIAL, CREMATION, Date of Burial
	(Address) Lansing.	michegan	P. P. P. T. M. J.
Filed Qu'. 1973' Wallace Jury Men		Pure alvorth	2 UNDERTAKER Address

Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No. Ward) (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) ECORD. (If non-resident give city or town and state) (a) Residence No...... (Usual place of abode) How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERMANENT ZIO PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) 19 23 5 Single, Married, Widowed or Divorced (Write the word) 4 Color or Race 3 SEX I HEREBY CERTIFY, That I attended deceased from BIN, 19....., to....., 19....., 5a If married, widowed or divorced HUSBAND of (or) WIFE of d lenn K that death occurred on the date stated above atm. 2 6 DATE OF BIRTH (Month, day and year) 8 THIS The CAUSE OF DEATH* was as follows: If LESS than Months Days 7 AGE Years 1 day hrs. OR min. 田 8 OCCUPATION OF DECEASED 0 8 (a) Trade, profession, or particular kind of work, (duration)yrs. mos. ds. Ш (b) General nature of industry, business, or establishment in S 4 CONTRIBUTORY (Secondary) Ш which employed (or employer) 5(duration)yrs..... mos......ds. 8 (c) Name of employer. 18 Where was disease contracted If not at place of death?..... BIRTHPLACE (city or town) MARGIN (state or country) Did an operation precede death?..... Date of..... 10 NAME OF FATHER Was there an autopsy?... PLAINL 11 BIRTHPLACE What test confirmed diagnosis? OF FATHER (city or town) PARENTS (state or country) 12 MAIDEN NAME OF MOTHER WRITE *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUBES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-13 BIRTHPLACE OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) Date of Burlal 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Informant. ./01923 (Address) Address UNDERTAKER 2 Filed. Registrar.

I PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

County Washtingur		IGAN DEPARTMENT OF HEALTH Division of Vital Statistics	
Village Chilsea		RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 23	
City	(No. (If death occurred	in a hospital or institution, give its NAME instead of street and number.)	
(a) Residence No. (Usual place of abode) Length of residence in city or town where death occurred	Glore yrs. mos.	St., Ward. (If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PAI		ds	
3 SEX 4 Color or Race 5 Sin	ale. Married, Widowed or	MEDICAL CERTIFICATE OF DEATH	
11	orced (Write the word)	(Month, day and year) Qct. 5 192	
5a If married, widowed or divorced HUSBAND of (or) WIFE of May 1, 1	859	that I ast saw h wallye on Out. 5, 19 23 and	
6 DATE OF BIRTH (Month, day and year)	AND ADDRESS OF THE PARTY OF THE	that death occurred on the date stated above at 47. m	
7 AGE Years Months Day		The CAUSE OF DEATH* was as follows:	
(a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer.		(duration) 3 yrs. mos. ds. CONTRIBUTORY Asilinia Traumonia (Secondary) (duration) yrs. mos. ds. 18 Where was disease contracted If not at place of death?	
10 NAME OF FATHER ELEMAN	Real	Did an operation precede death? Date of	
11 BIRTHPLACE OF FATHER (city or town) England (state or country) 12 MAIDEN NAME Cornelia Tranger OF MOTHER		Was there an autopsy? What test confirmed diagnosis? (Signed) Jush M. D Och 7, 19 73, Address Chiley, Mills	
Informant Mrs. g. Mc M. (Address) Chelia, Mich Filed Oct. 18, 1923 GW.	Palwork Registrar.	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Out 9 1923 2 UNDERTAKER A. Makley Address helve much	

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Form 93a-9-5-21-1000 Books-100 pages.

I PLACE OF DEATH MICHI	GAN DEPARTMENT OF HEALTH
County Washlever	Division of Vital Statistics
Township Sylvau TRANSCR	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsen	Registered No. 24
	In a hospital or institution, give its NAME instead of street and number.)
(a) Residence No	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) Que. 10
Male white married 5a If married, widowed or divorced HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from 1923, to 0, 1923 that I last saw h an alive on 0, 1923 and
6 DATE OF BIRTH May 23, 1841	that death occurred on the date stated above at T. m.
7 AGE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:
82 4 10 1 dayhrs. ORmin.	Nalnular Disease 1 Heart
8 OCCUPATION OF DECEASED	(mitial regurgilation)
(a) Trade, profession, or Returned Farmer	mys claurationers yrs. mos. ds
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY Cledene lung (Secondary)
(c) Name of employer.	duration)yrsmosds
9 BIRTHPLACE (city or town) Michigan	If not at place of death?
10 NAME OF FATHER alman Isham	Did an operation precede death? Date of
of 11 BIRTHPLACE OF FATHER (city or town) Vermont (state or country)	Was there an autopsy? What test confirmed diagnosis? (Signed)
(state or country) 12 MAIDEN NAME Phodu Walker	ali, 12, 19 2 3. Address Chelus, Mich.
13 BIRTHPLACE OF MOTHER (city or town) New York (state or country)	*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.
14 Informant Bey, Jahan (Address) Chlera, Mich. 15 Filed Oct. 15, 1923 Garralworth Registrar.	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Pinckney, Mish 2 UNDERTAKER J. a. Maple Chilson, Ma

	LPLACE OF DEATH MICH	IGAN DEPARTMENT OF HEALTH
Cou	nty Bachtenaus	Division of Vital Statistics
	TRANSC TRANSC	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Villa	age Chilsea (No. Cla	Registered No. 2. 2. Ward of in a hospital or institution, give its NAME instead of street and number.)
City	FULL NAME Franklin G. For	d .
(a)	Residence No. (Usual place of abode) th of residence in city or town where death occurred yrs, mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Leng	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-		or 16 DATE OF DEATH (Month, day and year) Nov . 2/ 1928
	Tale white Divorced (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from 1923, to 21, 1923
5a	If married, widowed or divorced HUSBAND of (or) WIFE of	that I ast saw h malive on Avu 21, 19 23 and that death occurred on the date stated above at 8 7 m.
- (DATE OF BIRTH Suplember 4, 1848 Month, day and year) Suplember 4, 1848 ACE Years Months Days If LESS th	The CAUSE OF DEATH* was as follows:
1	78 2 18 1 day	
8	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(duration) yrs. mos. ds. CONTRIBUTORY facture framework (Secondary) (duration) yrs. mos. ds.
9	(c) Name of employer. BIRTHPLACE (city or town) New York (state or country)	18 Where was disease contracted If not at place of death?
10 NAME OF FATHER Unknown		Did an operation precede death? Was there an autopsy?
		What test confirmed diagnosis? (Signed)
PARENTS	12 MAIDEN NAME Unknown	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
14	13 BIRTHPLACE OF MOTHER (city or town) Unknown (state or country)	CAUBES, STATE (1) MEANS AND NATURE OF INJURY, and (2) WHICHIEF ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
1	Informant Isaac Brosus (Address) Chilia. much:	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Advan, Muchigan Address Address
1	Filed Nry 28, 1923 S. M. Walvon	the S.a. mapes Children mul

MARGIN RESERVED FOR BINDING

County Washinger MICHI	GAN DEPARTMENT OF HEALTH			
Township Section of Vital Statistics Transcript of Certificate of Death—Local Register Registered No. 26. City (No. St. W. (If death occurred in a hospital or institution, give its NAME instead of street and number of the statistics.)				
2 FULL NAME (a) Residence No. Mulo A Shaner (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word) 5a If married, widowed or divorced HUSBAND of Clara a. Whipple	16 DATE OF DEATH (Month, day and year) 17 1 HEREBY CERTIFY, That I attended deceased from Mov. 26 1923, to Mov. 28 192 that I last saw h 22 alive on Mov. 28 19 23 and			
6 DATE OF BIRTH (Month, day and year) July 7, 18 6 3 7 AGE Years Months Days If LESS than 1 dey hrs. OR min.	that death occurred on the date stated above at #7. m. The CAUSE OF DEATH* was as follows: Cerebral apapleys.			
(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.	(duration) yrs, mos. & ds. CONTRIBUTORY (Secondary) (duration) yrs, mos. ds.			
9 BIRTHPLACE (city or town) Michigan	18 Where was disease contracted If not at place of death?			
10 NAME OF FATHER Jacob Sharer 11 BIRTHPLACE OF FATHER (city or town) New York (state or country)	Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis?			
(state or country) 12 MAIDEN NAME Sarah Mc Comb 13 BIRTHPLACE	(Signed) S. M. D.			
OF MOTHER (city or town) Mu york 14 Informant Mrs. Rose Grigg (Address) Chelsea Mul. 15 Filed Dec. 3, 1923 Dy Malumb. Registrar.	CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Accordental, Suicidal, of Homicidal. 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL 2 UNDERTAKER 2 UNDERTAKER Address Chelses. Means			

		IAN DEPARTMENT OF HEALTH
Cou	inty Mashtinaid	Division of Vital Statistics
	vnship Sylvan TRANSCRI	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 2.7
		St. Ward) n a hospital or institution, give its NAME instead of street and number.)
(a)	Residence No. (Usual place of abode) th of residence in city or town where death occurred yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Long	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 Color or Race 5 Single, Married, Widowed or Divorted (Write the word)	16 DATE OF DEATH (Month, day and year) Nov. 19 197
P. Park	ale white married	1 HEREBY CERTIFY, That I attended deceased from
5a	If married, widowed or divorced HUSBAND of (or) WIFE of Chustina Mikel	that I 'ast saw ham alive on Nov. 18 , 19 > 3 and
6	Month, day and year) august 17, 1853	that death occurred on the date stated above at
7.	AGE Years Months Days !! LESS than 1 day	Sclerosis 7 Coma arteries
8	(a) Trade, profession, or particular kind of work (b) Genera' nature of industry, business, or establishment in which employed (or employer) (c) Name of employer.	(duration) / yrs. 6 mos. ds CONTRIBUTORY (Secondary) (duration) yrs. mos. ds
9	BIRTHPLACE (city or town) Germany	If not at place of death?
	10 NAME OF FATHER Henry mirkel	Did an operation precede death? 40 Date of Was there an autopsy?
PARENTS	11 BIRTHPLACE OF FATHER (city or town) Yermany (state or country)	What test confirmed diagnosis? The second M. I.
ARE	12 MAIDEN NAME Clara Faster	Nov. 70, 19 3, Address Cheloea, Mich
В	13 BIRTHPLACE OF MOTHER (city or town) Germany (state or country)	*State the Disease Causing Death, or in deaths from Violes: Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
14	Informant Mrs. Mucheal mukel (Address) Chilsea. Much	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL My alunt limitery 2 UNDERTAKER Sto. P. Stoffan Address Chilera. Made

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

County Washing Transc	Division of Vital Statistics
Township Sylvan TRANSC	Division of Vital Statistics
	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chilosa	Registered No. 28
City (No. (If death occurre	St. Ward
12 7 9 0	d in a nospital of institution, give its NAME instead of street and number.)
2 FOLL NAME	
(a) Residence No	St., Ward. (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	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed on Divorced (Write the world	
Timele mite married	17 1 HEREBY CERTIFY, That I attended deceased from
En la manufactura de la manufa	- Dre 22th, 19 23 to Dr. 29 , 192
5a If married, widowed or divorced HUSBAND of (or) WIFE of Tank Brooks	that I last saw h for alive on Dre 29, 19 2 34nd
6 DATE OF BIRTH	that death occurred on the date stated above at 10.30m
6 DATE OF BIRTH June 16, 1856	
7 AGE Years Months Days If LESS tha	
67 5 /3 1 dayhrs	1 (0 0 1 1 1 1
ORmin.	Chrebral apoplexy.
8 OCCUPATION OF DECEASED	Left. Kempleyon
(a) Trade, profession, or particular kind of work	(duration) vrs. mos de
(b) General nature of industry, business, or establishment in	(duration) yrs, mos, ds
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY Change rephriles.
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer.	CONTRIBUTORY change rephretes (Secondary) (duration) yrs. mos. ds
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer.	CONTRIBUTORY Chanse rephretes (Secondary) (duration) yrs. mos. ds
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Muchayer (state or country)	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds 18 Where was disease contracted If not at place of death?
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Mechagina (state or country) 10 NAME OF FATHER Chas. If guing	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds 18 Where was disease contracted If not at place of death? Did an operation precede death?
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Mechagin (state or country) 10 NAME OF FATHER Chas. Ifang	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds 18 Where was disease contracted If not at place of death? Did an operation precede death? Was there an autopsy?
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Mechagin (state or country) 10 NAME OF FATHER Chas. Ifang	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds 18 Where was disease contracted If not at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis?
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(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Prechague 10 NAME OF FATHER Chas. Ifaring 11 BIRTHPLACE OF FATHER (city or town) England (state or country) 12 MAIDEN NAME Betry Loomes 13 MAIDEN NAME Betry Loomes	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds 18 Where was disease contracted If not at place of death? Did an operation precede death? Lo Date of Was there an autopsy? What test confirmed diagnosis? (Signed) A. A Palmer M. D Plan 1, 19 24, Address Chelsea, much.
(b) General nature of inclustry, business, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Mechagin 10 NAME OF FATHER Chas. Ifaring 11 BIRTHPLACE OF FATHER (city or town) England (state or country)	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. A. Palmer M. D. Span 1, 19 24, Address Chelsea, M. D. *State the Disease Causing Death, or in deaths from Violence
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Prechague 10 NAME OF FATHER Chas. Ifaring 11 BIRTHPLACE OF FATHER (city or town) England (state or country) 12 MAIDEN NAME Belay Loomes 13 BIRTHPLACE OF MOTHER (city or town) U.S. a. (state or country)	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds 18 Where was disease contracted If not at place of death? Did an operation precede death? L. Date of Was there an autopsy? What test confirmed diagnosis? (Signed) A. A Palmer M. D For 1.19 24, Address Chelsea, much. *State the DISEASE CAUSING DEATH, or in deaths from VIOLEN: CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal.
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Prechegue 10 NAME OF FATHER Chas. Ifourg 11 BIRTHPLACE OF FATHER (city or town) England (state or country) 12 MAIDEN NAME Betty Loomes 13 BIRTHPLACE OF MOTHER (city or town) U.S. a. (state or country)	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. A. Calmer M. D. State the DISEASE CAUSING DEATH, or in deaths from VIOLEN: CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) Muchegun (state or country) 10 NAME OF FATHER Chas. Ifaurg 11 BIRTHPLACE OF FATHER (city or town) England (state or country) 12 MAIDEN NAME Belay Loomes OF MOTHER (city or town) U.S. a. (state or country)	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.A. Palner M. D. *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 OR REMOVAL OR REMOVAL AND DEATH OF TAKEN
(a) Trade, profession, or particular kind of work	(duration)

MICHIGAN DEPARTMENT OF HEALTH I PLACE OF DEATH Cookle Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No (No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) WRITE or., ward. (If non-resident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) PLAIN Longth of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) 5 Single, Married, Widowed or 4 Color or Race 1924 Divorced (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from widowas 5a If married, widowed or divorced HUSBAND of (or) WIFE of that death occurred on the date stated above at 6 DATE OF BIRTH 41 may (Month, day and year) The CAUSE OF DEATH* was as follows: Days If LESS than Years Months 1 day 6 OR 8 OCCUPATION OF DECEASED (a) Trade, profession, or particu ar kind of work. (duration) (b) General nature of industry, CONTRIBUTORY business, or establishment in (Secondary) which employed (or employer) (duration) (c) Name of employer. 18 Where was disease contracted BIRTHPLACE (city or town) (state or country) If not at place of death?..... Did an operation precede death? 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis?

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19 PLACE OF BURIAL, CREMATION, OR REMOVAL

CIDENTAL, SUICIDAL, OF HOMICIDAL.

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Registrar.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT

Causes, state (1) Means and Nature of Injury, and (2) whether Ac-

Village

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(state or country)

(state or country)

13 BIRTHPLACE OF MOTHER (city or town)

narcha

12 MAIDEN NAME

OF MOTHER

Informant

(Address)

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Date of Burlal

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MICHIGAN DEPARTMENT OF HEALTH I PLACE OF DEATH washtenaw Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No Village .. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) 10000 2 FULL NAME ot., ward. (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) mos. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) 5 Single, Married, Widowed or Divorced (Write the word) 1924 4 Color or Race 3 SEX I HEREBY CERTIFY, That I attended deceased from male widown 1923, to Jan. 5a If married, widowed or divorced HUSBAND of (or) WIFE of that I last saw ham, alive on. that death occurred on the date stated above at II ... m. 1841 6 DATE OF BIRTH 14-(Month, day and year) The CAUSE OF DEATH* was as follows: If LESS than Months Days 7 AGE Years 1 day hrs. 20 12 OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. none. (duration) _____yrs. ___mos. ___ CONTRIBUTORY Pulmonary redema (b) General nature of industry, business, or establishment in (Secondary) which employed (or employer) ...(duration)yrs.....mos.... (c) Name of employer. 18 Where was disease contracted BIRTHPLACE (city or town) (state or country) If not at place of death?.... Did an operation precede death? _____Date of _____ IO NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? ENTS (state or country) 12 MAIDEN NAME 00 Jan . 5 . 19 24. Address WRITE OF MOTHER 4 0 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Informant Oak From Jew. 7 1925 (Address) Address 2 UNDERTAKER Chelsea. much Filed. S. a. makes Registrar.

County Wastenau	MICHI	Division of Vital Statistics	
Township Lylan TRANSCRIPT OF CERTIFICATE OF DEATH_LOCAL REGISTER			STER
Village Chilsea City	(No. 634 (If death occurred)	Registered No St. n a hospital or institution, give its NAME instead of street	Ward)
(a) Residence No. (Usual place of abode) Length of residence in city or town where death o	courred yrs. mos.	St., Ward. (If non-resident give city or tow ds. How long in U. S., if of foreign birth? yrs.	n and state) mos. ds.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 Color or Race male white 5a If married, widowed or divorce HUSBAND of Call	5 Single, Married, Widowed or Divorced (Write the word) married	16 DATE OF DEATH (Month, day and year) 15 17 I HEREBY CERTIFY, That I attended de	, 19.7.4
6 DATE OF BIRTH (Month, day and year) 7 ACE Years Months 6 3 8	21. 1860 Days If LESS than 1 dayhrs. ORmin.	that I 'ast saw h. m alive on for 14. that death occurred on the date stated above The CAUSE OF DEATH* was as follows:	90
(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.	ed Farmer	CONTRIBUTORY Allery Sole (Secondary) (duration) (duration) yts: a	mos. ds.
9 BIRTHPLACE (city or town) L	clean Ohio	If not at place of death?	
10 NAME OF FATHER John Moll, 11 BIRTHPLACE OF FATHER (city or town) Lernary (state or country) 12 MAIDEN NAME OF MOTHER (Catherne Heavy		Did an operation precede death? Date of Wasthere an autopsy? What test confirmed diagnosis? (Signed)	>f
13 BIRTHPLACE OF MOTHER (city or town) (state or country) OF MOTHER OF MOTH		*State the Disease Causing Death, or in death Causes, state (1) Means and Nature of Injury, and cidental, Suicidal, or Homicidal.	
14 Informant Mrs Lella (Address) Chelsea 7 15 Filed Jan 19, 1924 &	nich Julialworth Ku Registrar.	2 UNDERTAKER Ad	te of Burlal w/9 1924 Idress

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I PLACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH County Washlenger Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Village Registered No ... (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. (Usual place of abode) (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month, day and year) 3 SEX 5 Single, Married, Widowed or 4 Color or Race 1924 Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of (or) WIFE of that I last saw h alive on... 6 DATE OF BIRTH (Month, day and year) that death occurred on the date stated above at # . m. The CAUSE OF DEATH* was as follows: 7 AGE Years Months If LESS than Days 1 day hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (duration)yrs....yrs. (b) General nature of industry, business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (e) Name of employer.(duration)yrs..... mos......ds. 18 Where was disease contracted 9 BIRTHPLACE (city or town) If not at place of death?..... (state or country) 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) ENTS What test confirmed diagnosis? (state or country) 00 12 MAIDEN NAME 19 24 Address OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE OF MOTHER (city or town) CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION. Date of Burlal Informant OR REMOVAL (Address) asso solve. UNDERTAKER Address Registrar.

PLACE OF DEATH	MICHIO	GAN DEPARTMENT OF HEALTH		
County 0		Division of Vital Statistics		
Township Sylvan	TRANSCR	TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
Village Club e a City 2 FULL NAME Pruce (a) Residence No. (Usual place of abode) Length of residence in city or town where death	la Converse	Registered No. 5 St. Ward In a hospital or institution, give its NAME instead of street and number.) St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 Color or Race	5 Single, Married, Widowed or	16 DATE OF DEATH (Month, day and year) Jan 29, 1924		
Thurste white	Divorced (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from		
5a If married, widowed or divor HUSBAND of (or) WIFE of	ced	that I 'ast saw h w alive on 29, 19 4 and		
6 DATE OF BIRTH Sept.	29, 1836	that death occurred on the date stated above at 30. m.		
7 AGE Years Months	Days If LESS than	The CAUSE OF DEATH* was as follows:		
87 4	O l dayhrs. ORmin.	McChrone nephritis.		
8 OCCUPATION OF DECEASE (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.	D	(duration) yrs. mos. ds. CONTRIBUTORY (Letter of Line) (Secondary) (duration) yrs. mos. ds. 18 Where was disease contracted		
9 BIRTHPLACE (city or town)	uchegan	If not at place of death?		
10 NAME OF FATHER Ero	retur Bube	Did an operation precede death?Date of		
of Harthelace OF FATHER (city or town) New york (state or country)		Was there an autopsy? What test confirmed diagnosis? (Signed) .M. D.		
(state or country) 12 MAIDEN NAME chyalith Summel		Ju 30, 1924, Address Chels a mich		
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	newyk	*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.		
14 Informant Mrs. Ran (Address) Burningha 15 Filed Mu - 31, 1924	Muligan Survilotah Ru Registrar.	19 PLACE OF BURIAL, CREMATION, Date of Burial Burningham, Michigan Jan 3/19 24 2 UNDERTAKER Address Like Med		

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

Countastenan MICHI	IGAN DEPARTMENT OF HEALTH	
1 1	Division of Vital Statistics	
Township Transcr	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER	
'illage Chelsen Registered No. /		
City (No. (If death occurred 2 FULL NAME Ray (Loss) (a) Residence No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	In a hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word) Male thite the service of the se	16 DATE OF DEATH (Month, day and year) March 23 192	
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that I last saw him alive on March 23, 192 and	
6 DATE OF BIRTH Gebruary 3 - 1887 7 AGE Years Months Days If LESS than 1 day hrs. 0R min.	that death occurred on the date stated above at O.P.m. The CAUSE OF DEATH* was as follows: Ohronic Interstitut Republic	
(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.	(duration) xyrs. mos. ds. CONTRIBUTORY Genebral apaplesty (Secondary) (duration) yrs. 3 mos. ds.	
9 BIRTHPLACE (city or town) Mich	18 Where was disease contracted If not at place of death?	
10 NAME OF FATHEBLELOIN N. COOK	Did an operation precede death?Date of	
11 BIRTHPLACE OF FATHER (city or town) (state or country) (state or country)	Was there an autopsy? What test confirmed diagnosis? (Signed)	
12 MAIDEN NAME anna Riggs		
13 BIRTHPLACE OF MOTHER (city or town) (state or country) Michigan	*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.	
14 Informantus Ollo Stendiere (Address)	19 PLACE OF BURIAL, CREMATION, Date of Burial	
15 Filed March 78, 1924 O. C. Maroney Registrar.	2 UNDERTAKER Address Address Allogo	

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MICHIGAN DEPARTMENT OF HEALTH

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Address

MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. Village (No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) City RECORD St., Ward ... (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. YES. mos MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) Single, Married, Widowed or 3 SEX 4 Color or Race 192 V Divorced (Write the word) PERM HEREBY CERTIFY, That I attended deceased from 1923, to apre m 5a If married, widowed or divorced HUSBAND of (or) WIFE of depuls that I last saw here alive on... 8 S that death occurred on the date stated above at 10 Pm. 6 DATE OF BIRTH tine 24-1904 (Month, day and year) The CAUSE OF DEATH* was as follows: Days If LESS than 7 AGE Years Months 1 day hrs. OR min. [1] 8 OCCUPATION OF DECEASED m (a) Trade, profession, or particular kind of work None L mos. (b) General nature of industry, S 4 CONTRIBUTOR business, or establishment in which employed (or employer) (Secondary) (duration) 2 (c) Name of employer. 18 Where was disease contracted BIRTHPLACE (city or town) meche If not at place of death? (state or country) Did an operation precede death?..... Date of..... O PLAINLY, 10 NAME OF FATHER Le AR Was there an autopsy?.... 11 BIRTHPLACE OF FATHER (city or town). What test confirmed diagnosis? ENT (state or country) 12 MAIDEN NAME NRITE . 1924 . Address OF MOTHER *State the DISEASE CAUSING DEATH, OF in deaths from VIOLENT 13 BIRTHPLACE Causes, state (1) Means and Nature of Injury, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial Informant Vak Grove (Address) UNDERTAKER Address a. nases Registrar

13 BIRTHPLACE

(Address)

OF MOTHER (city or town)

(state or country)

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER

Registered No.

No. St. Ward

St., Ward.

(If non-resident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos.

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month, day and year) HEREBY CERTIFY, That I attended deceased from

192 1

WRITE

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that death occurred on the date stated above at

The CAUSE OF DEATH* was as follows:

	(duration)	./.
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CONTRIBUTORY (Secondary)

(duration)

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

Did an operation precede death? Co Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed)

eprel 3, 192 L. Address

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT Causes, state (1) Means and Nature of Injury, and (2) whether Ac-CIDENTAL, SUICIDAL, OF HOMICIDAL.

19 PLAC	CE OF	BURIALA	CREMATION,	Date of Burla
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Registrar

Address

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MARGIN RESERVED FOR BINDING

Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. St. (If death occurred in a hospital or institution, give its NAME instead of street and process of about the control of th	
Registered No. 5 (No. (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution, give its NAME instead of street and Pargaret Name (If death occurred in a hospital or institution) (I	
City (No. (If death occurred in a hospital or institution, give its NAME instead of street and Pargareh Wall	
City (No. (If death occurred in a hospital or institution, give its NAME instead of street and Pargareh Wall	
FULL NAME Margaret Hade	Ward
	number.,
a) Residence No. St., Ward.	
(Usual place of abode) (Osual place of abode) (Osual place of abode) (Osual place of abode) (Osual place of abode) (If non-resident give city of town and about the city of town and ab	state)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
S SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH	192
Divorced (Write the word) 17 1 HEREBY CERTIFY, That I attended decease	
mall There married Caril 20 12 x man 14	
that I last saw her alive on May 14, 19	
	-30
(Month, day and fear) (AX 13 18.50	77n
7 AGE Years Months Days II LESS than Chatructure aunded	
1 day hrs.	
3 / OR min. Ceute duode was intoye	cale
OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work Coursessell (duration) yrs, mos.	de
(b) General nature of industry, business, or establishment in	
which employed (or employer) (Secondary)	
(c) Name of employer. A Lowe (duration) yrs. mos.	us
9 BIRTHPLACE (city or town) (state or country) If not at place of death?	
Did an operation precede death? No Date of	
10 NAME OF FATHER James Lavage Wasthere an autopsy? No	
1 1 BIRTHPLACE (city of town)	
(state or country)	M
12 MAIDEN NAME NAME Mary Mead TIV , 1954 , Address Obelsea ne	id
13 BIRTHPLACE OF MOTHER (city or town) (state or country) *State the Disease Causing Death, or in deaths from Causes, state (1) Means and Nature of Injury, and (2) where the Causes of Causes of Causes, state (1) Means and Nature of Injury, and (2) where the Causes of Causes	
Informant James Hade 19 PLACE OF BURIAL, CREMATION, Date of	f Burial
(Address) Okelsea nich W Oliseh Cemelery Chalses ne	171921
Filed 9/17 ,1924 Haraney 2 UNDERTAKER Address Chelon	

ACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No. No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) Residence No.....(Usual place of abode) St., Ward.... (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month, day and year) 5 Single, Married, Widowed or 3 SEX 4 Color or Race 19 Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of (or) WiFE of 6 DATE OF BIRTH that death occurred on the date stated above (Month, day and year) The CAUSE OF DEATH* was as follows: 7 AGE Years Months Days If LESS than hrs. 1 day OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, bu-iness, or establishment in CONTRIBUTOR which employed (or employer) (Secondary) (duration) (c) Name of employer. 18 Where was disease contracted 9 BIRTHPLACE (city or town) If not at place of death? (state or country) Did an operation precede death? 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE PARENTS OF FATHER (city or town) What test confirmed diagnosis? (state or country) (Signed) 12 MAIDEN NAME . 19.2 . Address OF MOTHER State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burlal Informant Vab Trase (Address Ray 20192

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Address

RECORD ANENT BINDIN 0 2 0 L 田 0 C L 5 5 E Z 0 = WIT MARG PLAINLY, WRITE

PLACE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Countylashtenun Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No ... No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward) City ... mas. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month, day and year) 3 SEX 4 Color or Race 5 Single, Married, Widowed or 192 K Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of that I ast saw her alive on hay (or) WIFE of 6 DATE OF BIRTH that death occurred on the date stated above at/ 9 m. (Month, day and year) 21-1832 The CAUSE OF DEATH* was as follows: 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 CONTRIBUTORY which employed (or employer) (Secondary) (c) Name of employer.(duration) mos. ds. 18 Where was disease contracted BIRTHPLACE (city or town) If not at place of death?.. (state or country) Did an operation precede death?..... Date of 10 NAME OF FATHER Was there an autopsy?.. BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? ENT (state or country) 00 12 MAIDEN NAME OF MOTHER time 2 , 1926, Address *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-OF MOTHER (city or town (state or country) CIDENTAL, SUICIDAL, OF HOMICIDAL. 19 PLACE OF BURIAL, CHEMATION, Date of Burial Informant MAS (Address) UNDERTAKER Address Registre

Registraf.

MICHIGAN DEPARTMENT OF HEALTH

LPLACE OF DEATH

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

Count astlenau	Division of Vital Statistics
Township Sey wan TRANSCR	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsea	Registered No. 9
//	in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Lamuel Suc	ker.
(a) Residence No. (Usual place of abode)	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	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or	16 DATE OF DEATH
Diverced (Write the word)	(Month, day and year) July 20 192
Male White Married	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced/ a	July 17, 1924, to July 19, 192 V
5a If married, widowed or divorced HUSBAND of Lettel Shaner Jucker (or) WIFE of	that I last saw hemalive on July 19, 192 Cand
6 DATE OF BIRTH	that death occurred on the date stated above at
6 DATE OF BIRTH May 70 1847	The CAUSE OF DEATH* was as follows:
7 AGE Years Months Days If LESS than	Cerebral apopleyy
77 5 10 1 day hrs. OR min.	
// G / O ORmin.	Gerteriosclerosis
8 OCCUPATION OF DECEASED	Soutre Large. nontex opthalm
(a) Trade, profession, or Petered Tarmer	
(b) General nature of industry.	(duration) yrs. mos. ds
business, or establishment in which employed (or employer)	(Secondary)
(c) Name of employer.	(duration)yrsmosds
O BIDTUDI ACE (eller or town)	18 Where was disease contracted
9 BIRTHPLACE (city or town) reedom wid	If not at place of death?
10 NAME OF FATHER LE Bless Richer	Did an operation precede death? Lo Date of
TO WATER OF PATHER CEPTER VICESIV.	Was there an autopsy? 10.
OF FATHER (city or town)	What test confirmed diagnosis?
(state or country)	
(state or country) 12 MAIDEN NAME Pristena Freeman.	July 22, 19 2 K, Address Chelsen Mich
13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN
OF MOTHER (city or town) Much	CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, of Homicidal.
(state or country)	
14 Informant Nettie Gecker	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chelsea Rich	Vermont Cemetery. Chelsea ply 2319 2
15 Filed July 26,192 C G. C. Maroney	2 UNDERTAKER
Registrati	1 10 . Staffan Thelsea he

Registrar

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MICHIGAN DEPARTMENT OF HEALTH

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Address

TH HAFADING INK THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

County Pashtenaw MICH	Division of Vital Statistics
Trans	CRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
lale land	Registered No.
iliage	St. Ward) in a hospital or institution, give its NAME instead of street and number.)
(Usual place of abode) (ength of residence in city or town where death occurred /yrs. 6mos.	us. The rong in C. C., it of rongs comm.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thete Ladowed	16 DATE OF DEATH (Month, day and year) 17 I HEREBY CERTIFY, That I attended deceased from Och 27, 1921, to Och 30, 1921.
5a If married, widowed or divorced HUSBAND of Mattee & Mells Nove (or) WIFE of Mattee & Mells Nove	Och 30 103 V and
6 DATE OF BIRTH Nov. 18- 1856 7 AGE Years Months Days If LESS to	The CAUSE OF DEATH was as follows:
68 11 13 1 day 5 h	
8 OCCUPATION OF DECEASED (a) Trade, profession, or Laborer particular kind of work	Ohronie Rephritio
(b) General nature of industry, business, or establishment in which employed (or employer) Day Laharev. (c) Name of employer.	CONTRIBUTOR Chroxic Styperton (Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) Mich	If not at place of death?
10 NAME OF FATHER Nenry Roves	Did an operation precede death? Lo Date of Was there an autopsy?
of Father (city or town) 2. 2. C. (state or country)	What test confirmed diagnosis? Clemed (Signed) a a Palmer M. D.
12 MAIDEN NAME CONT know	, 19 , Address Chelsea Mich
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*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.
14 Informant I nones for.	19 PLACE OF BURIAL, CREMATION, Date of Burial Por REMOVAL Reverside Constant Rocking Nod 19.2
(Address) Chelses The Comments of the Comments	2 UNDERTAKER Address

J BLACE OF DEATH	MICHI	GAN DEPARTMENT OF HEALTH
County Mashtenum		Division of Vital Statistics
Township	TRANSCR	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsen		Registered No. 12
City	(No. (If death occurred	St. Ward in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Cichae	d alles	and de
(a) Residence No. (Usual place of abode) Length of residence in city or town where death occurred	i yrs, mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5	Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) October 6 192
male White ?	holowed	17 I HEREBY CERTIFY, That I attended deceased from
5a if married, widowed or divorced HUSBAND of (or) WIFE of	and the best sain.	that I 'ast saw ham alive on Och 6, 192 an
6 DATE OF BIRTH (Month, day and year) March	1.5-1837	that death occurred on the date stated above at/000 m
	Days If LESS than	The CAUSE OF DEATH* was as follows:
87 7 1	1 day hrs. OR min.	Ohronic Myosar den
8 OCCUPATION OF DECEASED		The second of th
(a) Trade, profession, or particular kind of work		(40000000000000000000000000000000000000
(b) General nature of industry,	W W W LESS	/duration)yrsmosde
bu iness, or establishment in which employed (or employer)		CONTRIBUTORY (Secondary)
(c) Name of employer.	Annual Control	(duration)yrsmosdi
9 BIRTHPLACE (city or town)	1. :	18 Where was disease contracted If not at place of death?
(state or country)	rigan	Did an operation precede death? Date of
10 NAME OF FATHER homa	" alexand	Was there an autopsy?
of 11 BIRTHPLACE OF FATHER (city or town) Was	les	What test confirmed diagnosis?
OF FATHER (city or town) Na (state or country) 12 MAIDEN NAME Margare	X Harren	Och/o, 192 V, Address Chelsen Mich
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	eland	*State the Disease Causing Death, or in deaths from Violes: Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
Informant Pha alexa	mich	19 PLACE OF BURIAL, GREMATION, Date of Burlal Oak Grase Demotory Och 9192
15 Filed 200 10 , 1924 O	6 Marony Registral	2 UNDERTAKER Mapes Address Chelses

MARGIN RESERVED FOR BINDING

County ashteraw MICH	IGAN DEPARTMENT OF HEALTH
	Division of Vital Statistics
Township	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsea	Registered No. 13
2 FULL NAME Cancy Marie Re	St. Ward St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word	(Month, day and year) CCCoact 9 192
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that I last saw here alive on Och 8, 192 Van
6 DATE OF BIRTH (Month, day and year) October 2/-/84/ 7 AGE Years Months Days If LESS than	that death occurred on the date stated above at 7. m
82 11 16 1 dayhrs ORmin.	Serebral Geoplesia
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.	(Secondary) (duration) yrs. mos. de
9 BIRTHPLACE (city or town) Michegan	18 Where was disease contracted If not at place of death?
10 NAME OF FATHER Unknown	Did an operation precede death? Date of
OF FATHER (city or town) (state or country) Unknown	What test confirmed diagnosis? (Signed) Seo Halmer M. I
12 MAIDEN NAME UNKNOWN	Och 9.192 L. Address Chelow mid
13 BIRTHPLACE OF MOTHER (city or town) Lenknown (state or country)	*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.
14 Informan Mrs Verna levans (Address) Chelsen mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Surest Viel Cometery Than Och 1192
Filed Nos 10, 1926 Commone Registrate.	2 UNDERTAKER Mapes Address

Registered No. No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) RITE Residence No. (Usual place of abode) St., Ward (If non-resident give city or town and state) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month, day and year) 3 SEX 4 Color or Race Single, Married, Widowed or Divorced (Write the word) I HEREBY CERTIFY, That I attended deceased from 192K . to 5a If married, widowed or divorced HUSBAND of (or) WIFE of that I 'ast saw halive on.... N 6 DATE OF BIRTH (Month, day and year) that death occurred on the date stated above at.... T The CAUSE OF DEATH was as follows: 7 AGE Years Months Days If LESS than T 1 day hrs. OR min. 8 OCCUPATION OF DECEASED T (a) Trade, profession, of particular kind of work (duration) (b) General nature of industry, П bu iness, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (c) Name of employer. (duration) N 18 Where was disease contracted 9 BIRTHPLACE (city or town) B (state or country) If not at place of death? Did an operation precede death?.... 10 NAME OF FATHER Date of Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? (state or country) 12 MAIDEN NAME OF MOTHER 8.192 K. Address

MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT

Date of Burlal

Address

CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-

CIDENTAL, SUICIDAL, OF HOMICIDAL.

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Registrar

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

PLACE OF DEATH

Township

ARENTS

13 BIRTHPLACE

Informant (Address)

OF MOTHER (city or town)

(state or country)

RECORD PERMANENT BIN 8 C INK L 0 0 (L) S 4 ш Z 0 MARG PLAINLY WRITE

MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No. Village. (No. St. Ward (If desth occurred in a hospital or institution, give its NAME instead of street and number.) City 2 FULL NAME .St., Ward. (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. (a) (Usual place of abode) Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX Single, Married, Widowed or 4 Color or Race Caler 18 1921 (Month, day and year) Divorced (Write the word) HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of that I last saw here alive on. (or) WIFE of unknows 6 DATE OF BIRTH that death occurred on the date stated above at / a m. (Month, day and year) 1840 The CAUSE OF DEATH* was as follows: 7 AGE Months Days If LESS than Years 1 day hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (duration) yrs. mos. ds. (b) General nature of industry. business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (duration) yrs, mos, ds. (c) Name of employer. 18 Where was disease contracted BIRTHPLACE (city or town) If not at place of death?... (state or country) Did an operation precede death?..... Date of..... 10 NAME OF FATHER Was there an autopsy?... 11 BIRTHPLACE OF FATHER (city or town). NTS What test confirmed diagnosis? (state or country) RE 12 MAIDEN NAME Cohzz, 192 V, Address OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION. Date of Burial Informant Kus OR REMOVAL (Address) UNDERTAKER Registrar.

Registrar

MICHIGAN DEPARTMENT OF HEALTH

PLACE OF DEATH

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MARGIN RESERVED FOR BINDING

County ashtenaw	GAN DEPARTMENT OF HEALTH
•	Division of Vital Statistics
Township TRANSCR	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village	Registered No. 7
City Chelsea (No.	in a hospital or institution, give its NAME instead of street and number.)
7 (07)	in a nospital or institution, give its NAME instead of street and number.)
2 FULL NAME Mary Jan Sig	
(a) Residence No. (Usual place of abode)	St., Ward. (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	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) NOV - 10 1921
Lengle White Waday	17 I HEREBY CERTIFY, That I attended deceased from
THE TOTAL PROPERTY	May 15, 1922, to now 10, 192X
5a If married, widowed or divorced HUSBAND of Caner a Van Viene	that I last saw her alive on Ros 20 192 and
6 DATE OF BIRTH	that death occurred on the date stated above at m
. , , , , ,	The CAUSE OF DEATH* was as follows:
7 AGE Years Months Days If LESS than	Chronic Muscardition
86 — 6 1 dayhrs. ORmin.	Mit a H
8 OCCUPATION OF DECEASED (a) Trade profession or	
(a) Trade, profession, or Asussiante	
(b) General nature of industry, business, or establishment in Quantity	CONTRIBUTORY augus pectaris
which employed (or employer) (c) Name of employer.	(Secondary) yrs. mos. ds
	18 Where was disease contracted
9 BIRTHPLACE (city or town) muchigan	If not at place of death?
10 NAME OF FATHER TOLD AND BELL	Did an operation precede death? Date of
	Was there an autopsy?
of FATHER (city or town) U.S. a.	
	What test confirmed diagnosis? (Signed) . Buch . M. D
OF MOTHER Nannal & Johnson	nod 12,192 . Address lehelesse
13 BIRTHPLACE 72 JU	*State the Disease Causing Death, or in deaths from Violen.
OF MOTHER (city or town) Z.S.a.	CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, of Homicidal.
(state or country)	
Informant / Clu richards	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chilara mich	Cab Grave Genetery 20013192
15 Filed 94 ,1924 Ho maroney	2 UNDERTAKER Address
/2:/57.m Registrar/	Deo Patasfan Chelsen men

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(Address)

MICHIGAN DEPARTMENT OF HEALTH

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Address

MARGIN RESERVED FOR BINDING

LACE OF DEATH	MICHIGAN DEPARTMENT OF HEALTH
County rashtenau	Division of Vital Statistics
Township	TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsea	Registered No. 19
City (No. (If de 2 FULL NAME) (a) Residence No. (Usual place of abrily) Length of residence in city of town where death occurred yrs.	ath occurred in a hospital or institution, give its NAME instead of street and number.) **Eller** St., Ward Dreor Street And number. (If non-resident give city or town and state) mas. ds. How long in U. S., if of foreign birth yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULA	
y lilt n	the word) (Month, day and year)
Senale Whete Marr	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced HUSBAND of (or) WIFE of peeple Hell	er. that I last saw her alive on Clee 16, 192 Vand
6 DATE OF BIRTH (Month, day and year) august 16	-184 that death occurred on the date stated above at 2 m
V./ 14 5	If LESS than the CAUSE OF DEATH* was as follows: day hrs. R 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.	(duration) yrs. mos. 6 ds CONTRIBUTORY Cedems of lungs (Secondary) (duration) yrs. mos. ds
9 BIRTHPLACE (city or town) nichegan	If not at place of death?
10 NAME OF FATHER J. Kenn	Did an operation precede death?
11 BIRTHPLACE OF FATHER (city or town) (state or country) (state or country)	What test confirmed diagnosis?
12 MAIDEN NAME OF MOTHER PARE	(Signed) M. Dush M. D Ola 16, 192 L. Address Chelsen Mich
13 BIRTHPLACE OF MOTHER (city or town) (state or country) OF MOTHER (city or town)	*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.
(Address) Romeo mich	19 PLACE OF BURIAL, CREMATION, Date of Burial Pones Much
15 Filed Oco 19 102 4 0.6 m	arenua 2 UNDERTAKER Address

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(Address)

MICHIGAN DEPARTMENT OF HEALTH

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

Address

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ECORD œ PERMANENT BIN 4 0 S C HIS L INK E 0 0 ADIN L S Z 0 WITH MARG PLAINLY, WRITE

MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics Township TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Registered No (No. St. Ward (If death-occurred in a hospital or institution, give its NAME instead of street and number.) Ward) 2 FULL NAME St., Ward. (If non-resident give city or town and state) How long in U. S., if of foreign birth yrs. Residence No. (Usual place of abode) (a) Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 Single, Married, Widowed or 4 Color or Race (Month, day and year) 192 Divorced (Write the word) HEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of that I last saw ham, alive on. (or) WIFE of 6 DATE OF BIRTH (Month, day and year) that death occurred on the date stated above at? The CAUSE OF DEATH* was as follows: 7 AGE Days If LESS than Months Years 1 dayhrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work...(duration)yrs.mos. (b) General nature of industry, business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary)ds. ds. (c) Name of employer. 18 Where was disease contracted BIRTHPLACE (city or town) If not at place of death?.... (state or country) Did an operation precede death? ____ Date of____ 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE S OF FATHER (city or town) What test confirmed diagnosis? LN (state or country) RE 12 MAIDEN NAME Xleo/15-, 192 4, Address PA OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE OF MOTHER (city or town) CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial Informant Q (Address) UNDERTAKER Registrar.

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

PLACE OF DEATH MICHI	GAN DEPARTMENT OF HEALTH
County ashtenaw	Division of Vital Statistics
Township Legleran TRANSCR	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsen	Registered No. 2
la contra de la contra del la contra del la contra del la contra del la contra de la contra del la contra	St. Ward) In a hospital or institution, give its NAME instead of street and number.)
1 -1 00	
2 FULL NAME Rances & Was	udson
(a) Residence No (Usual place of abode) Length of residence in city or town where death occurred 29 yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) June 9 1925
	17 HEREBY CERTIFY, That I attended deceased from
Male Thite married	Lany lot 1925, to Jany 9 1925
5a If married, widowed or divorced HUSBAND of f (or) WIFE of huncis & hnew Danes	
	1000
6 DATE OF BIRTH (Month, day and year) Old 77-1863	that death occurred on the date stated above at m.
7 AGE Years Months Days If LESS than	The CAUSE OF DEATH was as forlows:
6/ 18 1 day hrs.	to comment of market
ORmin.	Ceneral meteodisco
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or Cement Horls	(duration) ne yrs. mos. ds.
(b) Genera! nature of industry. business, or establishment in Black Mfger	CONTRIBUTORY
which employed (or employer)	(Secondary)
(c) Namo of employer. Self	ds. (duration)yrsmosds.
9 BIRTHPLACE (city or town) (state or country) Sharon Charph Mich	If not at place of death?
5/ /	Did an operation precede death
10 NAME OF FATHERN denry Dandon	Was there an autopsy? no
OF FATHER (city or (wn)	What test confirmed diagnosis a Clothagach
(state or country) graceise Ny.	(Signed) J. V. Wada M. D.
12 MAIDEN NAME Ophelia Shunk	Jany 10, 1924, Address Chelsen Mich
13 BIRTHPLACE Sylvan Tracks	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
OF MOTHER (city or town) (state or country) Much	CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, of Homicidal.
14 Informan Frankie Danidoen	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chelou much	0.16. 1
15 () () 7 / / /	2 UNDERTAKER Address
Filed Frig. 1921 . Or Registrar.	Geo Playfam Chelsen

П S П N INK m П S N D PERMANENT

PIRINI V WITH UNFADING INK THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

BLACE OF DEATH MICH	HIGAN DEPARTMENT OF HEALTH
County Washtenaw	Division of Vital Statistics
Township TRANS	CRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsen	Registered No. 4
City (No. (If death occurr	ed in a hospital or institution, give its NAME instead of street and number.)
FULL NAME Lay mills	ods
	St Word
(Usual place of the de) ength of residence in city of town where death occurred yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed	or 16 DATE OF DEATH PLA 22 192
Male with the work	HEREBY CERTIFY. That I attended deceased from
hall shall sharred	- Jan / 1925 to Sea 22 1920
5a If married, widowed or divorced HUSBAND of alle Bartell Hos	that I last saw hemalive on Lea 22 , 1925 an
	that double account on the data stated about 12 a m
(Month, day and year) Cucy 20 - 1843	The CAUSE OF DEATH was as follows:
7 AGE Years Months Days If LESS to	nan acceptal arter selesion
82 6 26 OR Mir	
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	15
(b) General nature of industry ashemplay ad business, or establishment in	(duration) yrs. mos. d
business, or establishment in which employed (or employer as elevator ma	CONTRIBUTORY Sulimonary ordema
(c) Name of employer State Capetal L	(duration)yrsmosdi
9 BIRTHPLACE (city or town) mich	If not at place of death?
1 3	Did an operation precede death? Date of
10 NAME OF FATHER Mases had	Was there an autopsy?
of FATHER (city or town) with	What test confirmed diagnosis?
(state or country) 12 MAIDEN NAME	- (Signed) & Duch M. O.
12 MAIDEN NAME ydia Preston	Mar 2, 1925, Address Chelsen Nec
13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violes: Causes, state (1) Means and Nature of Injury, and (2) whether A
(state or country)	CIDENTAL, SUICIDAL, OF HOMICIDAL.
14 Informant Later Hoods	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chelsen nich	Oak Grave Chelses Fea 25792
	2 UNDERTAKER Address
15 Fileshar 3 1925 Tomarone	Leo Staffan Chelsen n

Registrar.

UNDERTAKER

WRITE PLAINLY П S П N T SIHT T S N BINDIN PERMANENT ECO

MARGIN RESERVED FOR BINDING

Count fashtenaw MICH	IGAN DEPARTMENT OF HEALTH
County	Division of Vital Statistics
Township	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsea Old	Registered No. Ward in a hospital or institution, give its NAME instead of street and number.)
(a) Residence No. (Usual place of abode) Length of residence in city or town where death occurred 2 yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word) Menale Micte Maswed	(Month, day and year) 1934 HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that I last saw her alive on Nav 17, 1925 and
6 DATE OF BIRTH (Month, day and year) Puly 2-184X 7 AGE Years Months Days If LESS than 1 day	Tooneles all Steam saises
(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.	(duration) yrs. mos., ds CONTRIBUTOR AN Alexani Whiph Head Parents (Secondary) (duration) yrs. mos. ds
9 BIRTHPLACE (city or town) anada	18 Where was disease contracted If not at place of death?
11 BIRTHPLACE OF FATHER (city or town) (state or country) unknown	Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed)
12 MAIDEN NAME OF MOTHER CENTRAL 13 BIRTHPLACE OF MOTHER (city or town) (state or country) CENTRAL (state or cou	*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.
(Address) Chelsen mich	19 PLACE OF BURIAL, CREMATION, Date of Burial Say City Mich May 18,925

W H ഗ П N NIK T H PERMANENT

MARGIN RESERVED FOR BINDING

PLACE OF DEATH MICH	IGAN DEPARTMENT OF HEALTH
County aspteraw	Division of Vital Statistics
Township Lylvan TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsen	Registered No.
(11711	in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME John duch	
(a) Residence No. (Usual place of abode)	St., Ward. Of non-resident also also as town and the
Length of residence in city or town where death occurred 4 4 yrs, mos.	ds. How long in U. S., if of foreign birth? 4 Cyrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH March 11 1928
male white married	17 1 HEREBY CERTIFY, That Lattended deceased from
- racture	Och 24 ,192x, to March 11, 1925
5a If married, widowed or divorced HUSBAND of (or) WIFE of waste Miller Luch	that I last saw himalive on march/1, 1925 and
6 DATE OF BIRTH	that death occurred on the date stated above at 5 9 m.
6 DATE OF BIRTH Sept 15-185	THE CAUSE OF DEATHS was as follows:
7 AGE Years Months Days If LESS than	Carcinous of Allenail
67 5 16 1 dayhrs.	
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or	
particular kind of work.	(duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY
(c) Name of employer. 5 years	(Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (city or town)	18 Where was disease contracted
(state or country) Termany	If not at place of death?
10 NAME OF FATHERNTON Luchh	Did an operation precede death? Date of
11 BIRTHPLACE	Was there an autopsy?
OF FATHER (city or town)	What test confirmed diagnosis?
	(Signed) J. Words M. D.
of MOTHER Cent Braw	3/13, 1925, Address Chelsea
13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
OF MOTHER (city or town) and knaw	CAUSES, STATE (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, of Homicidal.
14 Dry Gre L.	19 PLACE OF BURIAL, CREMATION, Date of Burial
Informant Old O	ORREMOVAL
(Address) Charles huch	2 UNDERTAKER Address
15 Filed har 31, 1025' Ponarouy	2 UNDERTAKER Staffan Chelsen ne
Registary.	-co of Jan could

П T T Т N BIN

colve

MARGIN RESERVED FOR BINDING

County Pashtennu MICH	IGAN DEPARTMENT OF HEALTH
Township Adde-	Division of Vital Statistics
TRANSCI	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chille	Registered No. 10
City (No. (If death occurred	In a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Conald Sh	ephern
(a) Residence No	St. W.
(a) Residence No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	ds. Haw long in it (If non-resident give city or town and state)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 Color or Race 5 Single, Married, Widowed or	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month, day and year) Rav 4 192
male Aft Divorted (Write the word)	17
- mu verigee	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced HUSBAND of (or) WIFE of	1935, to Mar 4, 1925
	that I last saw hamalive on May 4, 1925 and
6 DATE OF BIRTH (Month, day and year) august 16-1919	that death occurred on the date stated above at m.
7 AGE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:
5 (/5 1 dayhrs.	6
OR min.	Vichercologies of lungs
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in	(duration) yrs. mos. ds.
which employed (or employer) (c) Name of employer.	CONTRIBUTORY Confluency
	(duration) yrs. mos 25 ds.
9 BIRTHPLACE (city or town) Chelsea Mech	18 Where was disease contracted If not at place of death? Death know
10 NAME OF FATHER ASSA	Did an operation precede death? Date of
- Concern - Gallen	
OF FATHER (city or town) Detrain	Was there an autopsy?
(state or country) much	What test confirmed diagnosis landular about
12 MAIDEN NAME OF MOTHER MINE VICE	(Signed) A. M. D. Ochmush, M. D.
- Toma	Mar 31, 1925, Address Chelsea Mich
13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accuracy, Supering State (1)
(state or country)	CIDENTAL, SUICIDAL, OF HOMICIDAL.
Informant a Nephrin	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Cheloua mich	Cap Crose Ceneter many
File Gov / 1925	2 UNDERTAKER Address
9 a Sw Registrar.	Sen Octable Tologs

County Pashtenaw MICHIE	GAN DEPARTMENT OF HEALTH Division of Vital Statistics
Township Sylvan TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
VIIIage Chelsea	Registered No//
City (No. (If death occurred t	n a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Land Staff	an
(a) Residence No.	St., Ward
(a) Residence No (Usual place of abode) Length of residence in city or town where death occurred 50 yrs. mos.	(If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) May / 1926
Temale White It down	17 I HEREBY CERTIFY, That I attended deceased from
5a if married, widowed or divorced	mar 3rd 195, to mar 10th, 1925
5a If married, widowed or divorced HUSBAND of Pank Staffon	that I ast saw her alive on Thur 10th, 1925 and
6 DATE OF BIRTH July 5-1836	that death occurred on the date stated above at
7 AGE Years Months Days !! LESS than	The CAUSE OF DEATH was as follows:
00 0 1 dayhrs.	acute Coppellitis
OO 26 ORmin.	
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or Hausewife	(duration) yrs. mos. 7 ds.
(b) General nature of industry, bu iness, or establishment in	CONTRIBUTORY none
which employed (or employer) soon home (c) Name of employer.	(Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) Oletrach Much	18 Where was disease contracted
(state or country)	If not at place of death?
10 NAME OF FATHERALLIN Keusch	Did an operation precede death? Date of
OF FATHER (city or town) leave Lorune (state or country)	Was there an autopsy? What test confirmed diagnosis?
OF FATHER (city or town) sace armine (state or country) 12 MAIDEN NAME OF MOTHER Margaret Plapesh	(Signed) M. D. Mar 31, 1925, Address Ohelsea Mich
13 BIRTHPLACE OF MOTHER (city or tomplease Loraine (state or country)	*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.
14 Informant Seo O Staffan (Address) Chelsea Back	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Who Oliviet Chelsia Mar # 1925
Filed apr 2, 1925 C. Charoney Registrar.	2 UNBERTAKER Address annarao

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County Machtenau MICHI	IGAN DEPARTMENT OF HEALTH
County rasmenaw	Division of Vital Statistics
Township Sylvan TRANSCI	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelana	Registered No./2
111	in a nospital or institution, give its NAME instead of street and number.)
2 FULL NAME largareh Sout	······································
(a) Residence No. (Usual place of abode)	St., Ward.
Length of residence in city or town where death occurred yrs. / Cros.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divogced (Write the word)	16 DATE OF DEATH (Month, day and year) Mar 10 1925
Tenale White Widow	17 I HEREBY CERTIFY, That I attended deceased from
	may 3 ,1925, to mar 10, 1925
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that I last saw her alive on mar 10, 192 and
6 DATE OF BIRTH (Month, day and year)	that death occurred on the date stated above at 90 m.
	The CAUSE OF DEATHS was as follows:
7 AGE Years Months Days If LESS than	Z
68 10 6 1 dayhrs. ORmin.	Centrality
8 OCCUPATION OF DECEASED	- Caganities
(a) Trade, profession, ot	
particular kind of work (b) General nature of industry,	(duration) yrs. mos. ds.
business, or establishment in which employed (or employer)	CONTRIBUTORY
(c) Name of employer.	(Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (city optown)	18 Where was disease contracted
(state or country) Chelory Rech	If not at place of death?
10 NAME OF FATHERS MAN A Seel	Did an operation precede death? 20 Date of
11 BIRTHPLACE	Was there an autopsy? No
OF FATHER (city or town)	What test confirmed diagnosis? Clerical
$\overline{\omega}$	(Signed) aa. Galmer M. D.
of MOTHER Mary Quruny	reddatord, Address Chelsen nich
13 BIRTHPLACE	*State the Disease Causing Death, or in deaths from Violent
OF MOTHER (city or town) Greland	CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, of Homicidal.
14. Soll 1 9 16.	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Cheloca nuch	OR REMOVAL
15	2 UNDERTAKER Address
Fileder 9, 1925 G Naroney Registrar	2 UNDERTAKER Staller Chelses
S CON	
A Company of the Comp	V -

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING Form 93a-9-5-21-1000 Books-100 pages.

Cou	Photo Etan and	Division of Vital Statistics
To	vnship TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
	lal.	Registered No. 3
Vill	age (No	Ct Weed
2 (a)	Residence No. (Usual place of abode)	st., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Leng	th of residence in city or town where death occurred // yrs. mos. PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 0		16 DATE OF DEATH (Month, day and year) April 14 195
SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word) Sa If married, widowed or divorced HUSBAND of (or) WIFE of		(Month, day and year) 17 I HEREBY CERTIFY, That I attended deceased from May 1925, to pred 4, 1925 that I ast saw here alive on appendix, 1925, and
6 1	DATE OF BIRTH May 21- 1845	that death occurred on the date stated above at m.
_	AGE Years Months Days If LESS than 1 dayhrs. ORmin.	Acute myocarditio due to
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) 10 NAME OF FATHER and American		(duration) yrs. mos. 7 ds CONTRIBUTORY Letter sclerate ganger (Secondary) (duration) yrs. mos. ds 18 Where was disease contracted
		Did an operation precede death? Date of Date o
<	12 MAIDEN NAME OF MOTHER unknown	april 1/4 1925, Address Chelsen Mich
4	13 BIRTHPLACE OF MOTHER (city or town) (state or country) unlaneway	State the DISEASE CAUSING DEATH, or in deaths from VIOLEN. CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal.
15	(Address) Filed april 6, 1925 Charony Regishar	2 UNDERTAKER Maple Chelica

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County as tenum MIC	HIGAN DEPARTMENT OF HEALTH
	Division of Vital Statistics
Township	SCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsea	Registered No. / X
City (No.	orred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME abner Bea	And in a nospital or institution, give its NAME instead of street and number.)
(a) Residence No	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowe	ord or (Month, day and year)
Male White Hidaved	17 HEREBY CERTIFY, That I attended deceased from
	Man 28 ,195 , to Copy 7 ,1925
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that I last saw ham alive on apr 7, 1925 and
6 DATE OF BIRTH	that death occurred on the date stated above at 2 m.
7 AGE Years Months Days (1958)	The CAUSE OF PRATUS
3 a l dev	than hrs.
93 - 22 OR M	
8 OCCUPATION OF DECEASED	
(a) Trade profession or	
particular kind of work (b) General nature of industry,	(duration) yrs. mos/O ds.
business, or establishment in which employed (or employer)	CONTRIBUTORY ALA age
(c) Name of employer. Celect Sycars	(Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (city or fewn)	18 Where was disease contracted
(state or country) Stucken Oo My	If not at place of death?
10 NAME OF FATHERIN 6. Beach	Did an operation precede death? Date of
0 11 BIRTHPLACE	Was there an autopsy? 20
OF FATHER (city or town)	What test confirmed diagnosis 2 symptoms
E 12 MAIDEN NAME	(Signed) L. D. Bust M. D.
of MOTHER ignitia Mellag.	g apr 28,1925, Address Chelsea Mich
13 BIRTHPLACE (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Ac-
(state or country)	CIDENTAL, SUICIDAL, OF HOMICIDAL.
Informant DE Jeach	18 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chelsen mich	Cato Grove Mich april 1925
15 File May 2, 195 Charon	2 UNDERTAKER Address
200 Pan Registra	

Form 93a-9-5-21-1000 Books-100 pages.

LPLACE OF DEATH MICH	HIGAN DEPARTMENT OF HEALTH Division of Vital Statistics
Village Chelser	Registered No
a) Residence No. (Usual place of abode) ength of residence in city or town where death occurred yrs. mos	St., Ward. (If non-resident give city or town and state) s. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 Color or Race 5 Single, Married, Widowed Diverced (Write the work widowed or divorced HUSBAND of 600) WIFE of 6d Mouroe	17 I HEREBY CERTIFY. That I attended deceased from april 7, 1925, to fine 1, 1925 and that I 'ast saw her alive on may 16, 1925 and
6 DATE OF BIRTH August 2 184 7 AGE Years Months Days If LESS 1 day	hrs. Ohr Nephritis asterioseleroses Ohr Myacardite
(b) General nature of industry, bu iness, or establishment in which employed (or employer) (c) Name of employer. 9 BIRTHPLACE (city or town) (state or country)	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. 18 Where was disease contracted If not at place of death?
10 NAME OF FATHER AS Graw 11 BIRTHPLACE OF FATHER (city or town) England 12 MAIDEN NAME Mary ette Smith 13 BIRTHPLACE OF MOTHER (city or town) 14 BIRTHPLACE OF MOTHER (city or town)	Did an operation precede death? A. Date of
(state or country) Michigan 14 Informant Claude Monico (Address) Chilsia mich 15 Filed June 2, 1928 Homanone Regist	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL CEMETERY 1925 2 UNDERTAKER Maples Address Chilton

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

MARGIN RESERVED FOR BINDING

I PLACE OF DEATH	MICHI	GAN DEPARTMENT OF HEALTH
County Jashltnaw		Division of Vital Statistics
Township	TRANSCR	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsea		Registered No. 16
City	(No.	St. Ward) In a hospital or institution, give its NAME instead of street and number.)
-61	m (If death occurred)	he at the
2 FULL NAME CARRIED	0110,000	
(a) Residence No. (Usual place of abode)		St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurr		
3 SEX 4 Color or Race 5		MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5	Divorced (Write the word)	(Month, day and year) June 5th 1925
male white	Medowed	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced		may 15 1925, to June 5, 1925
5a if married, widowed or divorced HUSBAND of (or) WiFE of		that Last saw hamalive on June 5, 1925 and
6 DATE OF BIRTH (Month, day and year)	18-1835	that death occurred on the date stated above atm.
7 AGE Years Months	Days If LESS than	The CAUSE OF DEATH* was as follows:
	1 dayhrs.	Ordens of aungs.
89 10	/ ORmin.	
8 OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work 201	L	(duration) yrs. mos. 2 ds.
(b) General nature of industry, business, or establishment in		CONTRIBUTORY accident - fraction of
which employed (or employer)		(Secondary) /
(c) Name of employer.		Jemus (duration) ws. These toods.
9 BIRTHPLACE (city or town) Oh		If not at place of death?
- 0	1. 9	Did an operation precede death? Date of
10 NAME OF FATER	l Jochenor	Was there an autopsy?
OF FATHER (city or town)	17.	What test confirmed diagnosis?
(state or country)	o york	(Signed) S& Bush M. D.
of MOTHER	(Then de see	June 61925 TAddress Chelsea Mich
a	Vingerecc	State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
OF MOTHER (city or town)	71	CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, of Homicidal.
(state or country)	your	
14 Informant anna Si	chenor	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chelsia	nuch	Oak Grove- Chelsen Jul 9 1925
15 Filed June 10, 1925 C	Maroney Registrer.	2 UNDERTAKER Address
	Registrer.	w. w. regies cruter

	I PLACE OF DEATH MICHI	GAN DEPARTMENT OF HEALTH
Co	ounty Hashtenaw	Division of Vital Statistics
To	ownship TRANSCR	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Vi	Mage Chelow	Registered No.//
	ty (No. (II death occurred	Mard in a hospital or institution, give its NAME instead of street and number.)
2	FULL NAME Samantha Rec	lye.
(a	Residence No. (Usual place of abode)	St., Ward. (If non-resident give city or town and state)
Len	ight 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	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) 192
2	emale white Hadowed	THEREBY CERTIFY, That I attended deceased from
58	a If married, widowed or divorced HUSBAND of (or) WIFE of	that I 'ast saw he alive on fune 7, 1925 and
6	DATE OF BIRTH	that death occurred on the date stated above at 2 Pm
-	AGE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:
•	1 day hrs.	Verninal Broncho pneumonua
	86 9 27 OR min.	follow bed confinement from
8	OCCUPATION OF DECEASED	Cathritis defermans
	(a) Trade, profession, or particular kind of work	MANAN L
	(b) General nature of industry,	
	bu-iness, or establishment in which employed (or employer)	(Secondary)
_	(c) Name of employer.	duration)yrsmosds
9	(State or country) Mich wan	If not at place of death?
-		Did an operation precede death? Date of
	10 NAME OF FATHER CINK AGION	Was there an autopsy?
11 BIPTHDI ACE		
ARENTS	12 MAIDEN NAME unknown	(Signed) Such M. D. June 8, 1925, Address Ohllsca Much
d	13 BIRTHPLACE OF MOTHER (city or town) (state or country) (state or country)	*State the Disease Causing Death, or in deaths from Violen Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
14	Informant Mrs Laac Brasino (Address) Chelsia mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Adrean Mechigan June 1019 20
15	The state of the s	2 UNDERTAKER Mapes Address Chelleen

WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING Form 93a-9-5-21-1000 Books-100 pages.

COUNTY PLACE OF DEATH MICHI	GAN DEPARTMENT OF HEALTH
	Division of Vital Statistics
Township	HIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsea	Registered No.
(No	in a hospital or institution, give its NAME instead of street and number.)
City If death occurred	in a nospital of institution, give its italian institution of the institution,
2 FULL NAME Jaky Sauce	
(a) Residence No.	St., Ward. (If non-resident give city or town and state)
(a) Residence No (Usual place of abode) ength 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	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) June 15 1923
male white	17 I HEREBY CERTIFY, That I attended deceased from
	19 , to , 19, 19
5a If married, widowed or divorced HUSBAND of	that I last saw halive on, 19and
(or) WIFE of	that death occurred on the date stated above atm
6 DATE OF BIRTH (Month, day and year) Line 11th 1925	The CAUSE OF DEATH* was as follows:
7 AGE Years Months Days If LESS than	Stelloan
1 day 8 hrs.	
ORmin.	
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or	
particular kind of work	(duration) yrs. mos. ds
(b) General nature of industry, business, or establishment in	CONTRIBUTORY
which employed (or employer) (c) Name of employer.	(duration)yrs. mos. de
(c) Name of employer.	18 Where was disease contracted
9 BIRTHPLACE (city or town) Michigan	If not at place of death?
F	Did an operation precede death? Date of
10 NAME OF FATHER deach Dauly	Was there an autopsy?
11 BIRTHPLACE	
OF FATHER (city or town) mechagan	What test confirmed diagnosis?
<u>u</u>	(Signed)
4 OF MOTHER WALL	June 15, 1925, Address Chelsea Mich
13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ohio	*State the DISEASE CAUSING DEATH, or in deaths from Violes, Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
14 Informant Edenin Bauer	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chelsea Mich	Nome. June 12 195
15 Filed June 15, 1025 Charmy Registra	2 UNDERTAKER Address Chelse
- C	

	JACE OF DEATH MICHIC	GAN DEPARTMENT OF HEALTH
Co	unt ashteraw	Division of Vital Statistics
To	wnshipTRANSCRI	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER
	age Chelsen	Registered No. 19
VIII	430	n a hospital or institution, give its NAME instead of street and number.)
Cit	, , , , ,	
2	FULL NAME	The second secon
(a)	Residence No. Chills (Usual place of abode) (the of residence in city or town where death occurred / yrs. 3 mos./;	St., Ward. (If non-resident give city or town and state) 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 :	SEV 4 Color or Pace 5 Single, Married, Widowed or	16 DATE OF DEATH (Month, day and year) June 23 1920
ge.	male White Hassel	17 DHEREBY CERTIFY That I attended deceased from
5a if married, widowed or divorced		that I ast saw he alive on June 22, 1925 and
100	COT WIFE OF MO. WWalker.	that death occurred on the date stated above a 5 a m
	Month, day and year) QUE - 12 -	The CAUSE OF DEATH was as follows:
7	AGE Years Months Days If LESS than 1 dayhrs.	Enuphilitio
	74 6 12 OR min.	Control of the contro
_	OCCUPATION OF DECEASED	The same can are not well and a
8	(c) Toda melanina as	20.
	particular kind of work	/duration) yrs. mos./ ds
	(b) General nature of industry, but iness, or establishment in which employed (or employer)	CONTRIBUTORY (Secondary)
	(c) Name of employer.	(duration) yrs. mos. ds
		18 Where was disease contracted If not at place of death?
-	(state or country) Rew York	Did an operation precede death? Lo Date of
	10 NAME OF FATHER Sould allen	h a
204-1	11 BIRTHPLACE	Was there an autopsy?
TES	OF FATHER (city or town) New York	What test confirmed diagnosis?
PARENTS		(Signed) al Galmer M. D
	12 MAIDEN NAME Unknown	June 231925, Address Chelsea Nich
	13 BIRTHPLACE OF MOTHER (city or town) Thew York (state or country)	*State the Disease Causing Death, or in deaths from Violen Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, of Homicidal.
14		19 PLACE OF BURIAL, CREMATION, Date of Burial
	Informant Grand L. G. Much	Grow mich June 25102 1
15	(Address) Trass Name of	2 UNDERTAKER Address
	Filed June 25, 192 Contacting Registrar.	NX Richardson Sodyon
100000		//

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R MARGIN RESERVED FOR BINDING Form 93a-9-5-21-1000 Books-100 pages.

MICHI	GAN DEPARTMENT OF HEALTH
County Cashlenaw Michi	Division of Vital Statistics
Township TRANSCR	HPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsen	Registered No. 20
2 FULL NAME Sunry alle.	in a hospital or institution, give its NAME instead of street and number.)
(a) Residence No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word) Male Whete Longle 5a If married, widowed or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (Month, day and year) 7 AGE Years Months Days If LESS than 1 day hrs. 4/ 8 9 0R min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Labour - Common (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer.	16 DATE OF DEATH (Month, day and year) 17 1 HEREBY CERTIFY. That I attended deceased from May 1925, to fine 14, 1925 that last saw Ham alive on fine 14, 1925 and that death occurred on the date stated above at 70 m. The CAUSE OF DEATH* was as follows: CELEBRATE OF DEATH* (duration) yrs. mos. ds. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. 18 Where was disease contracted
9 BIRTHPLACE (city or town) (state or country) 10 NAME OF FATHER Oand Olhu 11 BIRTHPLACE OF FATHER (city or town) (state or country) 12 MAIDEN NAME 12 MAIDEN NAME	If not at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? (Signed) M. D.
OF MOTHER Catherine Darries 13 BIRTHPLACE OF MOTHER (city or town) (state or country) 14 Informant Jacob albu	*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 OR REMOVAL
14 6	19 PLACE OF BURIAL, CREMATION, Date of Buria

County ashtenau Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No. (No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) St., Ward. (Usual place of abode) (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred mos MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) 5 Single, Married, Widowed or 3 SEX 4 Color or Race 192 Divorced (Write the word) 17 THEREBY CERTIFY, That I attended deceased from 5a If married, widowed or divorced HUSBAND of that I 'ast saw han alive on (or) WIFE of 6 DATE OF BIRTH (Month, day and year) that death occurred on the date stated above a nov 6-183 The CAUSE OF DEATH* was as follows: If LESS than 7 AGE Years Months Days 1 day hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (duration) (b) General nature of industry, bu iness, or establishment in which employed (or employer) CONTRIBUTORY (Secondary) (duration) (c) Name of employer. 18 Where was disease contracted 9 BIRTHPLACE (city or town) If not at place of death? (state or country) Did an operation precede death?...... Date of 10 NAME OF FATHER and Was there an autopsy? 11 BIRTHPLACE RENTS OF FATHER (city or town) What test confirmed diagnosis? (state or country) 12 MAIDEN NAME 17.19 25 Address OF MOTHER State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13 BIRTHPLACE Causes, state (1) Means and Nature of Injury, and (2) whether Ac-OF MOTHER (city or town) CIDENTAL, SUICIDAL, OF HOMICIDAL. (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burlal

Registrar

aulding

2 UNDERTAKER

MICHIGAN DEPARTMENT OF HEALTH

LPLACE OF DEATH

Informant

(Address)

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ne 19192

Address Chelo

MARGIN RESERVED FOR BINDING

County ashlenaw	ICHIGAN DEPARTMENT OF HEALTH
	Division of Vital Statistics
Village Chelsen	RANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.
2 FULL NAME Carvin bug	occurred in a hospital or institution, give its NAME instead of street and number.)
(a) Residence No	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Windows 1 Divorced (Write the	dowed or 16 DATE OF DEATH (Month, day and year) 1923
male white	17 HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that I last saw he wallve on fine 26, 19 25 and
6 DATE OF BIRTH Kine 11-425	that death occurred on the date stated above at 2 m.
7 AGE Years Months Days If L	ESS than hrsmin.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work.	
(b) Genera! nature of industry, business, or establishment in which employed (or employer)	(duration) yrs. mos. 2 ds. CONTRIBUTORY (Secondary)
(c) Name of employer.	(duration)yrsmosds.
9 BIRTHPLACE (city or town) much)	If not at place of death?
10 NAME OF FATHER Edwin Bac	Did an operation precede death?
of FATHER (city or town) (state or country) 12 MAIDEN NAME	What test confirmed diagnosis? (Signed) M. Cubbald M. D.
12 MAIDEN NAME Eva Charl	June 27, 1925, Address Ohelson
13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ohio	*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.
14 Informant Edwin James (Address) Chelson	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL North Naterlas (27) 1928
15 Filed July 6-, 1925 - OBMars	gistrat. 2 UNDERTAKER Address Allows

ALACE OF DEATH MICH	IIGAN DEPARTMENT OF HEALTH
Count Nashtenaw	Division of Vital Statistics
Township TRANS	CRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsen	Registered No. 23
City (No. (If death occurr	ed in a hospital or institution, give its NAME instead of street and number.
2 FULL NAME Cla Sherman	
(a) Residence No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. de
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed Divorced (Write the wor	or 16 DATE OF DEATH (Month, day and year) Sully 11th 192
Temale white	17 I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that I 'ast saw her alive on July //, 1925 an
6 DATE OF BIRTH (Month, day and year) april 13-1847	that death occurred on the date stated above at 6.2.n
7 AGE Years Months Days !! LESS !!	marche Dulumonia
78 2 28 1 dayh	18.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work	(duration) yrs mos. 3 d
(b) General nature of industry, bu iness, or establishment in which employed (or employer) (c) Name of employer,	(Secondary) (duration) yrs. mos. d
9 BIRTHPLACE (city or town) Michigan	18 Where was disease contracted If not at place of death?
10 NAME OF FATHER unknown	Did an operation precede death? Date of
OF FATHER (city or town) (state or country) (state or country) (state or country)	Was there an autopsy? What test confirmed diagnosis? (Signed) M. I
12 MAIDEN NAME OF MOTHER LINKS NOWN	July 3,19 25, Address Chelsen
13 BIRTHPLACE OF MOTHER (city or town) (state or country) (state or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLE: CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal.
14 Informant Paac Prosuis (Address) Cleber Mich	19 PLACE OF BURIAL, CREMATION, Date of Burial Corumna Commence Semetery July 3192
15 Filed July 14, 1025 - O.6 maroney Registry	2 UNDERTAKER Address
The state of the s	

Division of Vital Statistics Township 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.) Ward) RECORD (If non-resident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. mos PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 Single, Married, Widowed or 3 SEX 4 Color or Race (Month, day and year) Divorced (Write the word) BIN MEREBY CERTIFY, That I attended deceased from 4 5a If married, widowed or divorced HUSBAND of (or) WIFE of Canal that I last saw heralive on α 2 C 6 DATE OF BIRTH that death occurred on the date stated above at _______m. (Month, day and year) The CAUSE OF DEATH! was as follows: 7 AGE If LESS than Years Months Days 1 day hrs. OR min. (II) 8 OCCUPATION OF DECEASED 0 8 (a) Trade, profession, or particular kind of work E (b) General nature of industry S business, or establishment in CONTRIBUTOR E which employed (or employer) (Secondary) 2 (c) Name of employer. mos. 18 Where was disease contracted TIM BIRTHPLACE (city or-town) If not at place of death?... (state or country) Did an operation precede death?..... Date of..... 10 NAME OF FATHER PLAINL Was there an autopsy?..... 11 BIRTHPLACE 5 OF FATHER (city or town What test confirmed diagnosis PARENT (state or country) 12 MAIDEN NAME OF MOTHER WRITE . Address *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT OF MOTHER (city or to Causes, state (1) Means and Nature of Injury, and (2) whether Ac-(state or country) CIDENTAL, SUICIDAL, OF HOMICIDAL. 19 PLACE OF BURIAL, CREMATION, Date of Burial OR BEMOVAL Informan oruna ine ree Cometer (Address) aug/1925 Address 2 UNDERTAKER

Registrar.

LACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

County ashteraw	Division of Vital Statistics
Fownship TRANSCI	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Villagocheloca	Registered No. 25
	St. Wardin a hospital or institution, give its NAME instead of street and number.
City (If death occurred	in a nospital or institution, give its NAME instead of street and number.
FULL NAME aurus Scau	
a) Residence No. (Usual place of abode) ength of residence in city or town where death occurred yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year (myself) 14 19
emale whete. The daniel	17 I HEREBY CERTIFY, That I attended deceased fro
5a If married widowed or diversed	aug 11 , 1925, to aug 14 , 192
5a If married, widowed or divorced HUSBAND of (or) WIFE of	that Cast saw her alive on auf 14, 1935 a
6 DATE OF BIRTH LEEX 8 ch 1842	that death occurred on the date stated above at// 9
7 AGE Years Months Days If LESS than	The CAUSE OF DEATH was as follows:
2 / 1 dayhrs.	Gilmon Subercoloses
02 // 6 ORmin.	
8 OCCUPATION OF DECEASED	The state of the s
(a) Trade, profession, or particular kind of work	Auration) yrs. mos.
(b) General nature of industry, buriness, or establishment in	
which employed (or employer)	(Secondary)
(c) Name of employer.	(duration) yrs. mos.
9 BIRTHPLACE (city or town) (state or country) Muchinan	If not at place of death?
	Did an operation precede death? Lo. Date of
10 NAME OF FATHER INCOMO	Was there an autopsy? NO
OF FATHER (city or town)	What test confirmed diagnosis Plinical
OF FATHER (city or town) (state or country) 12 MAIDEN NAME OF MOTHER CENTRAL OF	(Signed) aa Jalmer M.
12 MAIDEN NAME OF MOTHER CONSTRUCTION	aug 17, 192V, Address Chelsey mich
13 BIRTHPLACE	State the DISEASE CAUSING DEATH, Or in deaths from VIOLE
OF MOTHER (city or town) (state or country)	CAUSES, STATE (1) MEANS AND NATURE OF INJURY, and (2) whether A
14 Mars 1 & Ray	19 PLACE OF BURIAL, CREMATION, Date of Buris
Informant	OR REMOVAL
(Address) Chelsen nech	2 UNDERTAKER Address
Filed (luy 8, 1925 Obkarony Registrary	La Maper Shelver

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

LPLACE OF DEATH MICHI	IGAN DEPARTMENT OF HEALTH
County ashlenaw	Division of Vital Statistics
Township Sylvan TRANSCI	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
100	Registered No. 26
Village Chelsen ME	Classins tower 2 Ward
City (If death occurred	in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAMBOMMA Chubh	
	St., Ward
(a) Residence No	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Single Married Widowed or	16 DATE OF DEATH (Month, day and year Lunguesh // 1925
3 SEX 4 Color or Race 5 Single, Married, Wildowed or Divorced (Write the word)	7
Temale white Married	1 HEREBY CERTIFY, That I attended deceased from Gua st, 1925, to Guage 9, 1925
5a If married, widowed or divorced	
5a If married, widowed or divorced HUSBAND of Elyah Chubb.	that I last saw he Malive on Guy 9, 1925 and
6 DATE OF BIRTH	that death occurred on the date stated above at 32 m.
(Month, day and year) May 5 1041	The CAUSE OF DEATH* was as follows:
7 AGE Years Months Days If LESS that 1 dayhrs	
84 3 6 ORmin.	
2 CONTRACTION OF DECEASED	arterior Selen beretal
8 OCCUPATION OF DECEASED (a) Trade, profession, or Old Palls W. &	A STATE OF THE PARTY OF THE PAR
particular kind of work	(duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in	CONTRIBUTORY
which employed (or employer) (c) Name of employer. Chelsia Mech	(duration)yrsmosds.
- 0.4	18 Where was disease contracted If not at place of death?
9 BIRTHPLACE (city or town) Rechfield Ohio	
10 NAME OF FATHER COOK Knaw	Did an operation precede death 21.0. Date of
	Was there an autopsy?
0 II BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
(state or country) unknown)	(Signed) a. C. Galmer, M. D.
12 MAIDEN NAME OF MOTHER UNKnaray	19 Address Chelsea med
امًا	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
13 BIRTHPLACE OF MOTHER (city or town)	CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-
(state or country) unknown	
14 Informant & Brooms Supt	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
(Address) Chelsen much	Oak Trave Cemetery and 1925
15 Fledeph 2 1925 Homarony	Committee of the second of the
Filed Registra	. I Gu. Pragan com

	GAN DEPARTMENT OF HEALTH
County ashlenus	Division of Vital Statistics
Township Ly Crass TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsen	Registered No.2
City	n a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Hugh no tu	ne
	St Ward
(a) Residence No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
Divorced (Write the Word)	17
Male white married	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed or divorced	aug 1, 1925, to aug 19, 1925
5a If married, widowed or divorced HUSBAND of Catherial Herkung	that I 'ast saw handlive on Carry 19, 19 2 Sand
6 DATE OF BIRTH Leox - 28-1860	that death occurred on the date stated above at OG m.
7 AGE Years Months Days If LESS than	The CAUSE OF DEATH was as follows:
1 dayhrs.	Chronic Odlanlas decent of
64 10 21 OR min.	hearh
8 OCCUPATION OF DECEASED	agric Stenans
(a) Trade, profession, or	(durables) and and
(b) Genera' nature of industry,	(duration) yrs. mos. ds.
bu iness, or establishment in which employed (or employer)	CONTRIBUTORY (Secondary)
(c) Name of employer. Way laker	(duration) yrs. mos. ds.
9 BIRTHPLACE (city of toph)	18 Where was disease contracted If not at place of death?
(state or country) Sylvan Versph Me	Did an operation precede death? Date of
10 NAME OF FATHER Partin mc Kune	
m 11 BIRTHPLACE	Was there an autopsy?
OF FATHER (city or town) (state or country)	What test confirmed diagnosis?
OF FATHER (city or town) (state or country) MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
of MOTHER Mary no tune	Cuy 20, 192V, Address Chelora Much
13 BIRTHPLACE	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Ac-
OF MOTHER (city or town) freland	CIDENTAL, SUICIDAL, OF HOMICIDAL.
14. O ma Kense	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Ohelpla meh	Lestvan Cometery- aug 22 1925
15 Very o an Almana	2 AUNDERTAKER Address
Filed 4 , 180 Registrar.	Seo J. Staffan #653 Chelsea Mic

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-

C	ounty ashtenau MICHI	GAN DEPARTMENT OF HEALTH
	Ownehla	Division of Vital Statistics
Ci	ity Chelsea (No. Oed) (If death occurred)	REPRINT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No
(a		7
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word) Male White Lungle a If married, widowed or divorced HUSBAND of	16 DATE OF DEATH (Month, day and year eplember 5 1923) 17 1 HEREBY CERTIFY, That I attended deceased from 1925, to sept 5, 1925
6	OATE OF BIRTH (Month, day and year) AGE Years Months Days If LESS than 1 day	that I last saw her alive on Sept , 1925 and that death occurred on the date stated above at // q.m. The CAUSE OF DEATH* was as follows:
	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer.	(duration) yrs. mos. 2)ds. CONTRIBUTORY Traction with the family (Secondary) (duration) yrs. mos. 5 ds. 18 Where was disease contracted
9 1	(state or country) Canada	If not at place of death?
RENTS	11 BIRTHPLACE OF FATHER (city or town) (state or country) Combination (state or country)	Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis?
LANE	12 MAIDEN NAME OF MOTHER CENTRAL	(Signed) Sun M. D. Sept 7, 1925, Address Chill
	13 BIRTHPLACE OF MOTHER (city or town) (state or country) (state or country)	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	Address) Chilew Mick	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Cald Strong Cemetry Lept 81925- 2 UNDERTAKER Address

		GAN DEPARTMENT OF HEALTH
Cou	Hashtenaw	Division of Vital Statistics
Tou	TRANSCRI	PT OF CERTIFICATE OF DEATH-LOCAL REGISTER
104	msnip	Registered No. 1
VIII	age Chilsen	Word
City	(No. (If death occurred in	n a hospital or institution, give its NAME instead of street and number.)
City	marke arbling	avery
2 1	FULL NAME	
(a)	(Usual place of abode) have death accurred vrs. mos.	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Long	th of residence in city or town where death occurred yrs. mos.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 6	Single Married, Widowed or	16 DATE OF DEATH (Month, day and year) Leplember 26 1925
0	Divorced (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
n	call white married	10062 1025 to Sept 26, 1925
_		Jen 21 -30
oa	If married, widowed or divorced HUSBAND of (or) WIFE of Muse Sieer.	that I ast saw next anve on
		that death occurred on the date stated above at// pm.
6	DATE OF BIRTH October 22-1850	The CAUSE OF DEATH was as follows:
7	AGE Years Months Days If LESS than	alescess of diner
	1 dayhrs.	
	72 11 4 ORmin.	
8	OCCUPATION OF DECEASED	
	(a) Trade profession, or 10	(duration) yrs. mos.2 ds
	particular kind of work recurred	
	(b) General nature of industry, bu-iness, or establishment in	CONTRIBUTORY (Secondary)
	which employed (or employer) (c) Name of employer.	(duration) yrs. mos. ds
_	(c) Name or employer.	18 Where was disease contracted
9	BIRTHPLACE (city or town) when an	If not at place of death?
-	(State of Channel)	Did an operation precede death? yes Date of the
	10 NAME OF FATHER LINES NEWLY	Was there an autopsy?
	11 BIRTHPLACE	What test confirmed diagnosis?
PARENTS	OF FATHER (city or town) muches an	V/O Bunk) MI
		(Signed)
	12 MAIDEN NAME Claresca Held	Och 2, 1925, Address Chelsen met
		*State the Disease Causing Death, or in deaths from Violes: Causes, state (1) Means and Nature of Injury, and (2) whether A
	13 BIRTHPLACE OF MOTHER (city or town) new York	CAUSES, STATE (1) MEANS AND NATURE OF TAXONI, CO.
1	(state or country)	
1-	Informant Mrs M. a Lawry	OR REMOVAL
	Ofil with	Verment Cemetery Cept 29192
***	(Address)	2 UNDERTAKER Address
1	Filed Och 9, 1925 C.6, Marony Registrar	Da mapes Chelouete

MARGIN RESERVED FOR BINDING Form 93a-9-5-21-1000 Books-100 pages.

PLACE OF DEATH MICH	IGAN DEPARTMENT OF HEALTH
County Pashtenaw	Division of Vital Statistics
Township TRANSCI	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsen	Registered No. 30
	St. Ward) i in a hospital or institution, give its NAME instead of street and number.)
60 1 10 1	energy w
2 FULL NAME COLLARON	
(a) Residence No. (Usual place of abode)	St., Ward. (If non-resident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Longin or residence in city or town where death occurred & Jyrs.	ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month, day and year) Och 18 192.5
Temale white married	I MEREBY CERTIFY, That I attended deceased from
5a If married, widowed on divorced HUSBAND of	July 14 , 1925, to Och /8 , 1925
(or) WIFE of Theo hedemeyer.	that I last saw her alive on Coh 18, 1925 and
6 DATE OF BIRTH (Month, day and year) Ole 15-1860	that death occurred on the date stated above at 3 9 m.
7 AGE Years Months Days If LESS than	The CAUSE OF DEATH was as follows:
(n) 11 3 1 dayhrs.	Replicaence fallowing
ORmin.	Operation for gall stones
8 OCCUPATION OF DECEASED .	0 0
(a) Trade, profession, by deusewell	(duration) yrs. mos. /5 ds.
(b) General nature of industry, business, or establishment in	CONTRIBUTORY
which employed (or employer)	(Secondary) (duration) yrs. mos. ds.
(c) Name of employer. Own Rome.	18 Where was disease contracted
9 BIRTHPLACE (city or town) sina Sinaph) (state or country)	If not at place of death?
10 NAME OF FATHERING SANTA	Did an operation precede death? Date of
	Was there an autopsy?
of FATHER (city or town)	What test confirmed diagnosis?
OF FATHER (city or town) (state or country) 12 MAIDEN NAME OF MOTHER Thousand	(Signed) S. Buch M. D.
C 12 MAIDEN NAME _ Truel	Och 30, 125, Address Chelsea mei
13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, OF In deaths from VIOLENT
OF MOTHER (city or town) Sermanus	CAUSES, STATE (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, of Homicidal.
14 N Go 18.0	19 PLACE OF BURIAL, CREMATION, Date of Burial
Informant Chlosed Med	Chelsen Cate Grave Com Och 2 1926.
(Address) Checks a facel	2 UNDERTAKER Address
Filed Registrar.	Seo Stoffan Chelses Me
	10

I PLACE OF DEATH

OF MOTHER (cky or town)

(state or country)

Informant

(Address

MICHIGAN DEPARTMENT OF HEALTH

Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether Ac-

Date of Burlal

Address

Och 8 1926

CIDENTAL, SUICIDAL, OF HOMICIDAL.

OR REMOVAL

sea wel

2 UNDERTAKER

Registrar

19 PLACE OF BURIAL, CREMATION,

PLA N П S П П

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 loca! 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.

*Sec Act 170, P. A. 1921.



