## STATE OF MICHIGAN.

## Department of State—Division of Vital Statistics

## REGISTER OF DEATHS.

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

Township, Village or City.)

etober 24, 1925 to SEstember 22

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

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

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

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

Mashtenun	epartment of StateDivision of Vital Statistics
ounty	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
ownship	
illage Chelsen	Registered No.
ity. (No(If death occurred i	n a hospital or institution, give its NAME instead of street and number.)
Who had	a a mospital of mistration, give its NASIE instead of street and number.)
FULL NAME Juseph Low	v (oviseour)
a) Residence, No. (Usual place of abode.)	St., Ward. (If non-resident give city or town and State.)
ength of residence in city or town where death occurred yrs.	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 Divorced (write the word	or 16 DATE OF DEATH (Month, day and year) Olypher 2X 1925
nale White Midowed	17 I HEREBY CERTIFY, That I attended deceased from
a If married, widowed, or divorced HUSBAND of (or) WIFE of legabeth hendeland	any 15, 1925, to Och 2K, 1925
	that I last saw handlive on Och 2K, 19 2 Jand
DATE OF BIRTH (Month, day and year.) Leph 11-1850	that death occurred on the date stated above at 4 0 m.
AGE Years Months Days If LESS the	The CAUSE OF DEATH* was as follows:
75 / / OR min.	is. Carcinona of Homoch
	The state of the s
OCCUPATION OF DECEASED	
(a) Trade, profession, or January	
(b) General nature of industry, business, or establishment in which employed (or employer)	(duration)yrsmosds.
(c) Name of employer	CONTRIBUTORY (Secondary)
BIRTHPLACE (city or town)	(duration)yrsmosds.
(State or country) Sylvan Trasph hu	if not at place of death?
10 NAME OF FATHER unner bedan	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
(State or country) Germany	What test confirmed diagnosis?
12 MAIDEN NAME	(Signed) S. Buck M. D.
OF MOTHER Generere Hauser	. Oct 30. 1925, Address Chelsen 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 Indust, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
No.00 11 05	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
Informant Ole Tar	Division VI I I I May 10
(Address)	2 UNDERTAKER Address
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I PLACE OF DEATH		STATE OF MICHIGAN
countyashtenaw	De	partment of StateDivision of Vital Statistics
Village chelsen  City (No (III	2 (/-	Registered No. 33  Registered No. 33  Registered No. 33  Registered No. 33  War.  A hospital or institution, give its NAME instead of street and number.)
(a) Residence. No	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. d
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Divorced 1/2 Whete 1/2 A Salf married, widowed, or divorced HUSBAND of (or) WIFE of unkneu	Married, Widowed or (write the word.)	16 DATE OF DEATH (Month, day and year) NOV-13 192  17 I HEREBY CERTIFY, That I attended deceased fro NOV 44 , 1925, to NOV 13 , 192
6 DATE OF BIRTH (Month, day and year.) 22  7 AGE Years Months Days  92 8 21  8 OCCUPATION OF DECEASED  (a) Trade, profession, or	/833 If LESS than 1 day,hrs. ORmin.	that I last saw halive on 13, 1925ar that death occurred on the date stated above at 2. 7.  The CAUSE OF DEATH* was as follows:  Stackwell Lip
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	<u>a 2 mpa</u>	(duration)yrsmosd  CONTRIBUTORY(Secondary)(duration)yrsmosd  18 Where was disease contracted
(State or country) Enneylv	enea	if not at place of death?
10 NAME OF FATHER LINKONS  11 BIRTHPLACE OF FATHER (city or town) (State or country) (State or country)  12 MAIDEN NAME OF MOTHER LINKONS	evan	Was there an autopsy?  What test confirmed diagnosis?  (Signed)  Nov 16.1925, Address Chelsen Meich
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	ion	*State the Disease Causing Death, or in deaths from Violent Causes, st.  (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Hotoldal. (See reverse side for further instructions.)
14 Informant New Jesus Brown (Address) Chelera 7	Registrar.	19 PLACE OF BURIAL, CREMATION, Date of Buria OR REMOVAL  ON HOPE Much Nod 17 19.  20 UNDERTAKER  Address  Chelocal

# MARGIN RESERVED FOR BINDING

I PLACE OF DEATH	STATE OF MICHIGAN					
countashtenau Der	partment of StateDivision of Vital Statistics					
Township TRANSCR	Registered No. 34					
2 FULL NAME uchael f. log (a) Residence. No. (Usual place of abode.)	St. Ward.  St., Ward.  (If non-resident give city or town and State.)  ds. How long in U. S. if of foreign birth?					
Length of residence in city or town where death occurred yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH					
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH ON Ember 13 1925					
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Red general (Month, day and year May 23rd 1839  7 AGE Years Months Days II LESS than 1 day, hrs., OR. min.  8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	77					
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(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 Cavid & Royes  11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	Did an operation precede death?					
OF MOTHER (city or town) (state or country) curknacon	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Home Cidal. (See reverse side for further instructions.)					
14 Informant Mrs. M. & Noyes (Address) Cheleca	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Cheken Now / 619 2					
Filed Rov 7, 135 Chargney Registry.	2 UNDERTAKER Address Chelsea					

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

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Registrar.

(state or country)

Informant

(Address)

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Date of Burial

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	I PLACE OF DEATH	STATE OF MICHIGAN				
C	ount ashteraw Dep	artment of StateDivision of Vital Statistics				
т.	ownship Lylvan TRANSCRI	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER				
	illage Chelsen	Registered No. 36				
	full NAME Mary C	hospital or institution, give its NAME instead of street and number.)				
(a	Residence. No. (Usual place of abode.) ngth 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.)	16 DATE OF DEATH (Month, day and year) Nov 18 192.				
6 5 8	a If married, widowed, or divorced HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from  Nav 6, 1925, to 2018, 1925				
6	DATE OF BIRTH October 4 - 1849	that I last saw he valive on 100 / 8 , 1925 ar that death occurred on the date stated above at 4 P.				
7	AGE Years Months Days II LESS than 1 day,	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  BIRTHPLACE (city or town)	(duration) / yrs / 0 mos. ds.  CONTRIBUTORY Cucular Seculation (Secondary) (duration) yrs. mos. ds.  18 Where was disease contracted				
1	(State or country light on Vivpah Mich	if not at place of death?				
SINIS	11 BIRTHPLACE OF FATHER (city or town) (State or country)	Was there an autopsy?				
PARENT	12 MAIDEN NAME atterent Cassedy	Rod 28, 1925, Address Chelsea Mic				
	13 BIRTHPLACE OF MOTHER (city or town) N. J. (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 Home- cidal. (See reverse side for further instructions.)				
4	Informant alma herce (Address) Chelsea Mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Cleber Nad 2/ 192				
15	File Dec 3, 135 Connacy Registrar.	2 UNDERTAKER Address Chelsen				

. 1925 . Address

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

CIDAL. (See reverse side for further instructions.)

20 UNDERTAKER

Registrar

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

Date of Burial

Address

(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homi-

12 MAIDEN NAME OF MOTHER

OF MOTHER Che of town

13 BIRTHPLACE

Informant (Address)

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## PLAINLY, MARGIN R UNFADING T H N T SIHT T W PERMANENT RECORD

# MARGIN RESERVED FOR BINDING

I PLACE OF DEATH	STATE OF MICHIGAN spartment of State-Division of Vital Statistics				
County Wash Tonow					
TownshipTRANSC	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER				
C6-/	Registered No. 08				
Village DG/SGO	noglocolou normania				
City (No(If death occurred in	a hospital or institution, give its NAME instead of street and number.)				
~ U -					
2 FULL NAME CRTWIN MENRY	OCHMIDT.				
(a) Residence. No	St., Ward.				
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				
4 Color or Race, 5 Single, Married, Widowed of Divorced (write the word.	(Month, day and year) / Combon 5 1920				
Mole White Married.	I HEREBY CERTIFY, That I attended deceased from				
HUSBAND of (or) WIFE of Ocalla Backwith	Sept 25, 1925, to Dec 5, 1925				
(or) WIFE of Corollo Beckwith	that I last saw h/Malive on Dec 5, 1925 and				
6 DATE OF BIRTH (Month, day and year.) May 28 1872	that death occurred on the date stated above at / Q.m.				
7 AGE Years Months Days II LESS than	The CAUSE OF DEATH* was as follows:				
1 day,hr					
6 7 ORmin.	ZXX/C/OOS /WZ///A.				
(a) Trade, profession, or Eloctrician particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer ///age of Chaksag	(duration)yrsmosds(Secondary)(duration)yrsmosds18 Where was disease contracted				
9 BIRTHPLACE (city or town) Michigan.	if not at place of death?				
10 NAME OF FATHER HEAVY Schmids	Did an operation precede death? No. Date of				
11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER  Lydia Morse.	Was there an autopsy? No. What test confirmed diagnosis Blood Examination				
12 MAIDEN NAME	(Signed) ANDROS GULDE, M. D.				
	Dec 9.1925 Address Chalsog				
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, or Homicidal. (See reverse side for further instructions.)				
Informant Mrs Ortwin Schmidt.	19 PLACE OF BURIAL, CREMATION, Date of Burial				
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011 1 20 11	( hh (700)/6 ( ha/san   Jh) 197				
011 1 20 11	2 UNDERTAKER Address				

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Informant

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Date of Burial

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Address

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## STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township (If death occurred in a hospital or institution, give its NAME instead of street and number.) City (If non-resident give city or town and State.) How long in U. S., if of foreign birth? yrs. mos. ds. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 Single, Married, Widowed or Divorced (write the word.) 16 DATE OF DEATH (Month, day and year) 4 Color or Race Fomale WIDOWED I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (Month, day and year.) June 11-1852 that death occurred on the date stated above at a m. 7 AGE Years Months Days If LESS than The CAUSE OF DEATH\* was as follows: 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) CONTRIBUTOR (c) Name of employer (Secondary) 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 ( Was there an autopsy?. 11 BIRTHPLACE OF FATHER (city or town PARENTS What test confirmed diagnosis? (State or country) 12 MAIDEN NAME OF MOTHER 192 C. Address \*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. (See reverse side for further instructions.) 13 BIRTHPLACE OF MOTHER (city or town) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial (Address) Dec. 3/1925 15 UNDERTAKER Address Filed 28 SAMAPES HELSER

### STATE OF MICHIGAN I PLACE OF DEATH Department of State--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.) **FULL NAME** 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 3 SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH (Month, day and year) 1926 Divorced (write the word.) 17 I 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... 6 DATE OF BIRTH that death occurred on the date stated above a (Month, day and year.) 7 AGE If LESS than The CAUSE OF DEATH\* was as follows: Years Months Days 1 day, ......hrs. 12 OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry. (duration) .....vrs... business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) .....yrs....mos.....ds. 18 Where was disease contracted 9 BIRTHPLACE (city or tow if not at place of death?.... (State or country) Did an operation precede death?......Date of... 10 NAME OF FATHE Was there an autopsy? 11 BIRTHPLACE PARENTS OF FATHER (city or town) What test confirmed diagnosis?

Registrar.

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CIDAL. (See reverse side for further instructions.)

OR REMOVAL

19 PLACE OF BURIAL, CREMATION,

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

Date of Burial

(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homi-

(State or country)

(state or country)

13 BIRTHPLACE OF MOTHER (city or town)

12 MAIDEN NAME OF MOTHER Z

Informant (Address)

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## STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township. Registered 1 Village (If death occurred in a hospital or institution, give its NAME instead of street and number.) City. (If non-resident give city or town and State.) How long in U. S., if of foreign birth? yrs. mos. ds. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 Single, Married, Widowed or Divorced (write the word.) 16 DATE OF DEATH (Month, day and year) 4 Color or Race 192 Tamale idowed. I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown 6 DATE OF BIRTH (Month, day and year.) DEDY 7 AGE II LESS than The CAUSE OF DEATH\* was as follows: Years Months Days 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) CONTRIBUTORY (c) Name of employer (Secondary) ......(duration) ......yrs...... 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 CORPON Was there an autopsy?.... 11 BIRTHPLACE OF FATHER (city or town) PARENTS What test confirmed diagnosis? (State or country) 12 MAIDEN NAME OF MOTHER Unknown , 1924, Address \*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. (See reverse side for further instructions.) 13 BIRTHPLACE OF MOTHER (city or town) (state or country) 19 PLACE OF BURIAL, OR REMOVAL Date of Burial CREMATION (Address) Address 15 UNDERTAKER Filed 90 SP.MADES Registrar.

### STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics 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.) 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 How long in U. S., if of foreign birth? yrs. 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 Divorced (write the word.) 1926 I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of Wife of Wife NR 6 DATE OF BIRTH (Month, day and year.) that death occurred on the date stated above at U. F.m. 7 AGE Years Months Days If LESS than The CAUSE OF DEATH\* was as follows: 1 day,.....hrs. DRONCHO min. 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 (c) Name of employer (Secondary) ...(duration) ...... 9 BIRTHPLACE (city or town 18 Where was disease contracted (State or country) if not at place of death?..... 10 NAME OF FATHER M Did an operation precede death?......Date of......

11 BIRTHPLACE

13 BIRTHPLACE

OF FATHER (city or town)

OF MOTHER (clty or town)

In ROOW

Registrar

(State or country)

12 MAIDEN NAME Rodo

(state or country)

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Was there an autopsy?.

765-9 . 1956, Address

What test confirmed diagnosis?...

PLAINLY, MARGIN WITH UNFADING III H N N W PERMANENT RECORD

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

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\*State the Disease Causing Death, or in deaths from Violent Causes, state
(1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homi-

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### STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics County 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.) (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? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH (Month, day and year) Divorced (write the word.) remole I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of ď that I last saw her alive on... 6 DATE OF BIRTH that death occurred on the date stated above at \_\_\_\_\_m. (Month, day and year.) ab -7 AGE Years Months If LESS than The CAUSE OF DEATH\* was as follows: Days 1 day, hrs OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, (duration) .....yrs...mos. business, or establishment in which employed (or employer) CONTRIBUTORY .. (c) Name of employer (Secondary) 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...... Date of..... 10 NAME OF FATHER PLAINLY Was there an autopsy? 11 BIRTHPLACE PARENTS OF FATHER (city or town) What test confirmed diagnosis? (State or country) 12 MAIDEN NAME OF MOTHER Proof 1926 . Address \*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homi-13 BIRTHPLACE OF MOTHER (city or town) CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant ap 26 192 (Address) UNDERTAKER Q AMODES Registrar.

### Department of State--Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL Township. Registered N Village in a hospital or institution, give its NAME instead of street and number.) HOWE PLAINLY, 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. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 Single, Married, Widowed or 16 DATE OF DEATH (Month, day and year) 3 SEX 4 Color or Race 1926 Divorced (write the word.) don I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Moret that I last saw her alive on Les 6 DATE OF BIRTH (Month, day and year.) that death occurred on the date stated above at # 0 m. 7-184V The CAUSE OF DEATH\* was as follows: Days If LESS than 7 AGE Years Months ....min. 23 OR... 8 OCCUPATION OF DECEASED (a) Trade, profession, or 10450 W.fc (b) General nature of industry. business, or establishment in which employed (or employer) M.E. Home CONTRIBUTORY (c) Name of employer (Secondary) (duration) ..... 18 Where was disease contracted 9 BIRTHPLACE (city or town) if not at place of death?.. (State or country)

Did an operation precede death No 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town What test confirmed diagnosis? Physical exam (State or country)

12 MAIDEN NAME OF MOTHER

I PLACE OF DEATH

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

Informant (Address)

ARENTS

Registrar.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Fab 11 . 1926, Address Chalson A

\*State the DISEASE CAUSING DEATH, or in deaths from Violest Causes, state
(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homi-

STATE OF MICHIGAN

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Date of Burial

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## RECORD. BINDING PERMANENT 4 OR 2 HIS X H NG (II) 3 8 5 WITH PLAINLY,

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## STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL Township Registered No (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) City 2 FULL NAME (If non-resident give city or town and State.) How long in U. S., if of foreign birth? yrs. mos. ds. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH (Month, day and year) Divorced (write the word.) 192 amale Morried I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of that I last saw ho alive on... 6 DATE OF BIRTH that death occurred on the date stated above at ... (Month, day and year.) 7 AGE Years Months Days If LESS than The CAUSE OF DEATH\* was as follows: 1 day hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or House (b) General nature of industry. duration) business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) ..(duration) .....yrs 18 Where was disease contracted 9 BIRTHPLACE (city or town Sparon (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) PARENTS What test confirmed diagnosis? (State or country) 12 MAIDEN NAME - LIZA WON 2 2 . 1926, Address 13 BIRTHPLACE OF MOTHER (city or town) Unknown \*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homi-CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant . 26 24192 (Address) 2 UNDERTAKER Registrar.

	I PLACE OF DEATH	S	TATE OF MI	CHIGAN	
C	ount Washtanow De	partme	nt of StateDivision	n of Vital Stat	istics
100	Transcr	IPT OF	CERTIFICATE OF I	DEATH—LOCAL Registered	a
C			or institution, give its N	St. AME instead of s	Ward
(;	a) Residence. No	ds.	St., Ward. (If non How long in U. S., if of for	resident give city	or town and State.)
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERT	IFICATE OF E	EATH
3	SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	17	TE OF DEATH Month, day and year)	Toby	17 1926
5	a If married, widowed, or divorced HUSBAND OF POLICE DELISIONE	11	HEREBY CERTIFY,	That I attended,	
	DATE OF BIRTH (Month, day and year.)	11	last saw halive		
7	AGE Years Months Days If LESS than  1 day,hrs.  OR	11	eath occurred on the AUSE OF DEATH		
8	OCCUPATION OF DECEASED	69	train on	M. 6.70.	R right
	(a) Trade, profession, of Trucking particular kind of work	01	way- Ea	st of I	ast 5+
	(b) General nature of industry, business, or establishment of employed (or employer) Teneral Truck may (c) Name of employer	CONT	RIBUTORY	lon 75 fyrs.	
9	BIRTHPLACE (city or town) (State or country Lyndon Twosho Mich	18 Wh	durat ere was disease co f not at place of de		mos. ds
	10 NAME OF FATHER John P. Bush	Did ar	operation precede	death NO D	aguast
NTS	11 BIRTHPLACE OF FATHER (city or town) (State or country)		here an autopsy? test confirmed diag		1-12-
PARENTS	12 MAIDEN NAME /ing Calhoon	(Sig	ned H. F. Brook 18.1926, Address	Chalsa	g Corprile R
	13 BIRTHPLACE OF MOTHER (city or town) (state or country)	(1) MEAN	te the DISEASE CAUSING DEL SS AND NATURE OF INJURY, and See reverse side for further inst	id (2) whether Accids	m VIOLENT CAUSES, statestral, SUICIDAL, OF HOMI
14	Informant Mas John Bush  (Address) Chalson Mich	19 PL	ACE OF BURIAL,	CREMATION,	£4
15	The state of the s	20 UN	TOVE CH NDERTAKER	tfan	Address Chalses

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

I PLACE OF DE	ATH		STATE OF MICHIGAN			
County Mashten	gu/	Dep	partment of StateDivision of Vital Sta	itistics		
LOCAL MCGISTER		TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCA	L REGISTER		
Township			Registere	10		
Village Chalse	9	,,,				
City	(	No. Old	hospital or institution, give its NAME instead of	(atreat and number)		
	•••••••••••••••••••••••••••••••••••••••			r street and number.)		
2 FULL NAME C/	PRLES	SOUTHE	RLAND.			
(a) Residence. No (Usual place of abode.	,	7. A	St., Ward.  (If non-resident give c	ity 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 ST	TATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF	DEATH		
3 SEX 4 Color o	r Race 5 Sing	le, Married, Widowed or reed (write the word.)	16 DATE OF DEATH (Month, day and year)	9 1920		
Male WhiT		Single	17 I HEREBY CERTIFY, That I atter	ded deceased from		
5a If married, widowed, HUSBAND of (or) WIFE of	or divorced		Or 7pril 9, 1926, to 19			
		of top make the	that I last saw h DandonWhen	usited 19 and		
6 DATE OF BIRTH (Month, day and year.)	Nov-21-	1847	that death occurred on the date stated above at			
7 AGE Years N	fonths Day	rs If LESS than				
78		1 day,hrs.	Carebral Apopl	exy		
	7 /	7 ORmin.		5		
8 OCCUPATION OF DE						
(a) Trade, profession, or particular kind of work	None			/hr		
(b) General nature of indust	ry.		(duration) yr	sds		
business, or establishment which employed (or employed	in or)		CONTRIBUTORY Semile of	ecio sclerosi		
(c) Name of employer			(Secondary)			
9 BIRTHPLACE (city or (State or country)	town) Mac	AND THE REST.	!8 Where was disease contracted if not at place of death?			
1	Mich	1997				
10 NAME OF FATHE	ER Umb	nows	Did an operation precede death?			
0 11 BIRTHPLACE OF FATHER (city of	or town)		Was there an autopsy?			
(State or country)		nown	What test confirmed diagnosis?			
OF FATHER (city of State or country)  12 MAIDEN NAME OF MOTHER			1	bald M. D.		
OF MOTHER	UNKNOW	1		501509		
13 BIRTHPLACE OF MOTHER (city (state or country)	or town)	iewo	*State the Dibease Causing Death, or in deaths (1) Means and Nature of Injury, and (2) whether Accidal. (See reverse side for further instructions.)	from Violent Causes, state		
14 Informant /Saa	WINDSU STREET	In Sty South Contract	19 PLACE OF BURIAL, CREMATIO	N, Date of Burial		
(Address)	Chalsa	10 .	Hadla Mach	Flor 12 102		
15	9	~~	2 UNDERTAKER	Address		
Filed 7Pr 15, 18	26 90	Registra	5. Anapes	Chelsea		
			0.1.1/4/20			

MARGIN RESERVED FOR BINDING Form 93a-4-18-1000 Books-100 pages.

I PLACE OF DEATH		STATE OF MICHIGAN				
Count Wash tangn	Dep	epartment of StateDivision of Vital Statistics				
Township	TRANSCR	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER				
Village Chelson	*******	Registered No.				
City Hans Hans	(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		St., Ward.  St., Ward.  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 Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) Apr. 1 6 1926				
5a If married, widowed, or divorce HUSBAND of (or) WIFE of Louis H	Widow ndalana	I HEREBY CERTIFY, That I attended deceased from DEC 24 , 1925, to April 6 , 1926				
6 DATE OF BIRTH (Month, day and year.)	William I to the first the same	that I last saw her alive on apple 6, 1946 and that death occurred on the date stated above at the pm.				
7 AGE Years Months	Days If LESS than 1 day,hrs. ORmin.	The CAUSE OF DEATH* was as follows:				
8 OCCUPATION OF DECEASE	D					
(a) Trade, profession, or House						
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	nhome	(duration) yrs. mos. ds.				
9 BIRTHPLACE (city or town) /re	land	IS Where was disease contracted if not at place of death?				
10 NAME OF FATHER	el Daly	Did an operation precede death? Date of				
OF FATHER (city or town) (State or country)	Conk	Was there an autopsy?				
OF FATHER (city or town)  (State or country)  Incland.  In MAIDEN NAME Ellon Daly		Gigned) N. S. BBQ Q M. D. M. D. Gpr. 7 . 1926, Address Chalseg Mich				
13 BIRTHPLACE COO OF MOTHER (city or town) (state or country)	inty Conk Ireland	*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. (See reverse side for further instructions.)				
Informant Marie Ol	ch	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  WHO I VET Cheksea Car. 10 192				
15 Filedypv30 , 1976	Muroney Registrar.	20 UNDERTAKER Address Seo Ataffan Cheken				

# PERMANENT RECORD. BINDING OR S 0 H K L S L PLAINLY, WRITE

-4-18-1000 Books-100 pages.

## STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) City 2 FULL NAME (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. ds. Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 Single, Married, Widowed or 16 DATE OF DEATH 4 Color or Race (Month, day and year) 192 Divorced (write the word.) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hocking Stats that I last saw handalive on. 6 DATE OF BIRTH that death occurred on the date stated above at 250 m. (Month, day and year.) 7 AGE Years Months Days If LESS than The CAUSE OF DEATH\* was as follows: 1 day ......hrs. OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry. mos .... business, or establishment in which employed (or employer) CONTRIBUTORY .. (c) Name of employer (Secondary) 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. Was there an autopsy?. 11 BIRTHPLACE OF FATHER (city or town) ARENTS What test confirmed diagnosis? (State or country) 74650C OF MOTHER / 4, 192/ Address \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13 BIRTHPLACE OF MOTHER (clty or town) (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homi-CIDAL. (See reverse side for further instructions.) (state or country) Alsace Lorg 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial (Address) 192 UNDERTAKER Filed Con No. 19 Registrar/

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County Wash tongy

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

MARGIN RESERVED

FOR

BINDING

Township	TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chalson		Registered No. 3
2 FULL NAME Flora	(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 occur	urred 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.)	16 DATE OF DEATH (Month, day and year) 4971 14 1924
5a If married, widowed, or divorced HUSBAND of	land	I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month, day and year.)	21-1852	that I last saw ICC alive on TDC 6, 1926 and that death occurred on the date stated above at 6 mm.
7 AGE Years Months 79 9	Days If LESS than 1 day,hrs. ORmin.	The CAUSE OF DEATH* was as follows:  MIXTral Stanosis und
(a) Trade, profession, or House w particular kind of work. House w (b) General nature of industry, business, or establishment in which employed (or employer)	50me	(duration) yrs mos ds.  CONTRIBUTORY Arterocleros is
9 BIRTHPLACE (city or town) Sylv (State or country)	an Tusho	(duration) yrs. mos. ds.  18 Where was disease contracted if not at place of death?
10 NAME OF FATHER awy	20 Riggs	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	20	Was there an autopsy?  What test confirmed diagnosis? Physical Exam
12 MAIDEN NAME /rene	netcalx.	(Signed) H. W. Schmidt M. D. Hor 16. 1926, Address Challen
13 BIRTHPLACE OF MOTHER (city or town)	510	*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. (See reverse side for further instructions.)
14 Informant Goo Ward (Address) Chelse 15 Filed Gov 30, 196	By an one	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  OR Grove Chalson 9pr 17 1920 20 UNDERTAKER  Address
, 19 S	Registrar.	Geo P. Storgen Obelsen

# RECORD. BINDING PERMANENT M 0 K [1] S L E

### STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics INSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township. Registered No. City... 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? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH 192 Divorced (write the word.) (Month, day and year) Male I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bartha K that I last saw h alive on 19 and 6 DATE OF BIRTH (Month, day and year.) 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: 1 day,.....hrs. Cropped dead in Post OR \_\_\_\_min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or Refined (b) General nature of industry, (duration) .....yrs....mos..... business, or establishment in Jeneral which employed (or employer) CONTRIBUTORY. (c) Name of employer Store (Secondary) (duration) \_\_\_\_\_yrs. \_\_\_mos. \_\_\_\_ 9 BIRTHPLACE (city or town) 74 6 19 gen (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 OF FATHER (city or town What test confirmed diagnosis?.... (State or country) 12 MAIDEN NAME OF MOTHER Mar \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13 BIRTHPLACE OF MOTHER (city or town) Sickenhausen (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homi-CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant 19 2 (Address)

	I PL	ACE OF DEATH		S	TATE OF MIC	CHIGAN	
C	CountyWa	shtenaw	D	epartme	nt of StateDivision	of Vital Sta	tistics
7	Township		TRANSC	RIPT OF	CERTIFICATE OF D	— EATH—LOCAI	REGISTER
V	lillage C	halsea				Hegistered	No. 15
C	Oity		(No(If death occurred in	a hospital	or institution, give its N	StSt.	ward)
2	FULL NA	ME LOIS		CON			
	a) Resident	ce. No			St., Ward.		y or town and State.)
	ength of residenc	e in city or town where death		ds.	How long in U. S., if of fore	eign birth?	y or town and State.)
3	SEX	A Colon on Do	1	-	MEDICAL CERT	IFICATE OF	DEATH
	nale	4 Color or Race	5 Single, Married, Widowed of Divorced (write the word.)	16 DA	TE OF DEATH Month, day and year)	May	2 192
-		widowed and discount	Widow	11	HEREBY CERTIFY,	That I attend	led deceased from
	HUSBA (or) WIF	ND of E of Wm B	Sed O. T.	May 1 , 1925, to Muy 2 , 1926			
	DATE OF (Month, day		acon	11	last saw han alive		2 , 192 and
-	AGE	Years Months	4 - 1848  Days   If LESS than	-11	leath occurred on the		P 0 0
	, 1	77	1 day,hrs	C / Was as lollows:			
_	7.2	1/ 10	4 ORmin.	05	rooic Myoc	unditio	ī
8		ION OF DECEASE	D	Hrtariosoler ou &			
	(a) Trade, p particular kin	rofession, or House	w Xe	(	arabral)		
	(b) General	nature of industry.	,		(duration)	on) vre	(mos de
	which emplo	establishment in yed (or employer)	wo home	contributory Octong of Jungs			
_				(Sec	condary)	,	-
_	(State or c	ountry)	Lson Mich		duration (duration) durati		
	10 NAME	OF FATHER 65	M. Consider		operation precede d		
to.	11 BIRTH	PLACE THER (city or town)		Wast	here an autopsy?		***************************************
FZ	OF FA	THER (city or town) or country)	000.	What	test confirmed diagn	osis?	
PARENTS	12 MAIDE	N NAME, 5	1 10	(Sig	ned) S.G. Bu	55	M. D.
PA					3 . 1976, Address	Thatso	og Mich
	OF MO	PLACE THER (city or town) or country)	4.5.77	(1) MEA!	te the DISEASE CAUSING DEAT SS AND NATURE OF INJURY, and See reverse side for further instru	(2) whether Accid	om Violent Causes state ENTAL, SUICIDAL, or Homi-
14	Informant	Ruth Fond	lyce.	19 PL	ACE OF BURIAL, OR REMOVAL	CREMATION	Date of Burial
_	(Address)	Chelse	a Mich	Orki	Provo Cholsos	9	5/x 1916
15	Filedman	6 126 0	marener	20 UI	NDERTAKER		Address
_	/		Hegistrar.		TEO PStax	ran	Chelsea

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

I PLACE OF DEATH		ST	TATE OF MICHIG	AN		
county Washtenan	artmen	t of StateDivision of Vit	al Statistic	cs		
Township.	TRANSCRI	PT OF	CERTIFICATE OF DEATH-	LOCAL RI	16	earling.
VIIIage Chalson City 2 FULL NAME $Adq$ Z.		hospital	or institution, give its NAME in	Ststead of stree	et and num	
(a) Residence. No.  (Usual place of abode.)  Length of residence in city or town where death occurred	d yrs. mos.	ds.	St., Ward. (If non-resident How long in U. S., if of foreign birth	give city or	town and	State.)
PERSONAL AND STATISTICAL PI	ARTICULARS		MEDICAL GERTIFICAT	TE OF DEA	TH	
3 SEX 4 Color or Race 5 Sir	ngle, Married, Widowed or worced (write the word.)	16 DA	TE OF DEATH Month, day and year)	lay	8	1906
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hanry L.  6 DATE OF BIRTH (Month, day and year.) May 97  7 AGE Years Months Di	Wood.  7-1863  Ays   If LESS than 1 day, hrs. OR min.	that I that d	HEREBY CERTIFY, That I May 7, 1926, to last saw her alive on leath occurred on the date AUSE OF DEATH* was a MEDICAL LEPHINE LANGE  (duration)	May May stated abo as follows:	8 , 198 ove at #	1926 Gand 30m.
business, or establishment in which employed (or employer) Own 6  (c) Name of employer	one	(Sec	CRIBUTORY			
9 BIRTHPLACE (city or town) Lind (State or country) Mic	Twishp	18 W	duration) nere was disease contract f not at place of death?	ed		
10 NAME OF FATHER Wm De	incar	Did ar	operation precede death	No Date	of	·····
11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER  Sara h	gland.	Was there an autopsy? No What test confirmed diagnosis? Chrical				
12 MAIDEN NAME Sara h	Coy	5/2	gned) 7. 7. 72/	clseq	Mic	M. D.
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	gland	*Sta (1) MEA CIDAL.	te the DISEASE CAUSING DEATH, or in MS AND NATURE OF INJURY, and (2) who (See reverse side for further instructions.)	n deaths from the deaths from	VIOLENT CAU	ses, state, or Homi-
14 Informant Hanry L. We	ood	19 PL	ACE OF BURIAL, CREM	ATION,	Date of	Burial
(Address) Chels	09	Oak	Grove - Chels	29	9/11	192
15 Filed May 12, 1976 08	Maroney Registrar.	2 U	NDERTAKER 20 P. Starra		Address Che/S	509

	IPLA	CE OF	DEATH	M HO	STATE		TATE OF MICH	Service and the service of the servi	DALPE
Co	unty Wa	shte	naul	Metal Case of a	Der	artme	nt of StateDivision of		County Manua
То	wnship			TO REAL	TRANSCR	PT OF	CERTIFICATE OF DE		17
Vi	lage Of	50/50	19		,		, ,,	Registered N	0/
-				(No	Old 7	hospital	or institution, give its NAM	StSt.	eet and number.)
Ci	. y	100000	Mart	the C	reddes				
2	FULL NA			1)9	10000		A. W. 4		MAN TIGHT S
(a	(Usual j	ce. No.	ode.) town where death	neourrad	yrs. mos.	ds.	How long in U. S., if of foreig	sident give city on birth? yrs.	r town and State.)
Lei			STATISTIC		Ji.a.		MEDICAL CERTIF		ATH
3	SEX	7000	or or Race	STATE OF THE REAL PROPERTY.	arried, Widowed or write the word.)	16 DA	TE OF DEATH Month, day and year)	May	18 1921
1	enala	W	bite		lowed	17	HEREBY CERTIFY, T	hat I attended	
_		A CONTRACTOR OF THE PARTY OF TH			ONED	A.	2-11/ 3/	to May	
	(or) WI	ND of FE of	Bower	Gede	des	that I	last saw h alive or		STATE OF STREET
-	DATE OF (Month, day		,,	ber 18	- 18V0	that	leath occurred on the	date stated al	pove at 50 m
-	AGE	Years	Months	Days	If LESS than		CAUSE OF DEATH*		
		85	7	0	1 day,hrs.	Ro	ute cholecy	estitis 1	probable
		00	_/	-	ORmin.	a	111 stone o	,	
8			DECEASE	D		0	chronic m		A TOURS
	(a) Trade, particular k	profession, o	or	loge					to bear the same of the
	(b) Genera	al nature of or establish	industry, ment in				(duratio	n)yrs	mos. 4 ds
	which emp!	loyed (or en of employer	mployer)				TRIBUTORY		
_				terral ,		The second		n)yrs tracted	ds
_	(State or	country)	y or town)	ew Yor	k		if not at place of dea	th?	
			THER UN		Allertonic in the	Did a	n operation precede d	eath? O Da	te of
				,	Ana the Itely	11	there an autopsy?	/	,
TE	OF FA	ATHER (	city or town)	Inknow	7	Wha	t test confirmed diagn	osis Cinic	4
ARENTS	12 MAID			15 8	(fregel)	(5	Signed)	0045	) M. I
PA	OF M	OTHER	Chk	DOND		-	/20. 1926 Address		a Mich
	13 BIRTH OF M (stat	HPLACE OTHER	(city or town)	Unkno	wy	(1) ME	tate the DISEASE CAUSING DEAM ANS AND NATURE OF INJURY, and (See reverse side for further instr	uctions.)	NIAL, SCICIDAL, OF HOL
14	record to b	· M	3 /300	20 B	nsuis	19 P	OR REMOVAL	CREMATION,	Date of Buria
	Informar (Address	11	o road	Chai	500		, ,	Ann Arbon	May 20 195
15				0		20 1	INDERTAKER		Address
	Filed	ry 20	., 1926	06/2	Pagistar		SCM	nas	Chalsas

## PERMANENT RECORD. BINDING d FOR 2 H × ERV 0 NFADIN S H 8 5 MARGIN

WRITE

## STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics MANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No. City (If non-resident give city or town and State.) How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) 3 SEX 5 Single, Married, Widowed or 4 Color or Race June 13 Divorced (write the word.) 17 I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of that I last saw ham alive on. 6 DATE OF BIRTH (Month, day and year.) that death occurred on the date stated above at ctober 1st The CAUSE OF DEATH\* was as follows: If LESS than 7 AGE Days Years Months 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) CONTRIBUTORY (c) Name of employer (Secondary) (duration) ..... 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 K Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) PARENTS What test confirmed diagnosis?... (State or country) 12 MAIDEN NAME OF MOTHER June 15-, 1926, Address \*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMI-13 BIRTHPLACE OF MOTHER (city or town) CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant June 192 (Address) Address UNDERTAKE Filedkune Registrar.

MARGIN RESERVED FOR BINDING

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER  Village Challes  (No (If death occurred in a hospital or institution, give its NAME instead of street and number.)  (a) Residence. No.  (Listial place of abode.)  Length or residence in city or town where death occurred yrs. mos.  (b) St., Ward.  (Listial place of abode.)  Length or residence in city or town where death occurred yrs.  (b) Single, Married, Widowed or Death of the word.)  (c) The profession, or approach, or approach in the street of industry.  (d) General nature of industry.  (e) OR General nature of industry.  (f) Single, Married, Widowed or divorced  (r) Wife of Challes or country)  (e) Name of employer)  (f) Name of employer)  (g) Single, Married, Widowed or divorced (vrice the word.)  (h) General nature of industry.  (h) Hart death occurred on the date stated above at the new of the n	County as Atenan	STATE OF MICHIGAN epartment of StateDivision of Vital Statistics
City (No		- Market Market State Company
(a) Residence. No. Length Usual place of abode.) Length Usual place of abode. Length Usual place of abode. Length Oreidence in city or town where death occurred yrs.  BERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 Color or Race 5 Single. Married, Widowed or Diverted (crite the word.)  5 If married, widowed or divorced Household of the Wilson W		19
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 Color or Race  5 Single, Married, Widowed or Divorced (urrite the word.)  The Control of the Color of Race  6 DATE OF BIRTH (Month, day and year.)  7 AGE  9 Series Months  1 day	2 FULL NAME Jerry 6 Dun	
S SEX 4 Color or Race 5 Single, Married, Widowed or Divored Curie the word.  The Married Widowed or divorced HUSBAND of Corp WiFE of Color of North (with the word.)  5a if married, widowed or divorced HUSBAND of Corp WiFE of Color of North (with the word.)  6 DATE OF BIRTH (Month, day and year)  7 AGE Years Months Days II LESS than that I last saw here allowed the Stated above at the control of North (with the word.)  8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, or particular kind of work or establishment in which employed (or employer)  (c) Rame of employer  9 BIRTHPLACE (city or town) (State or country)  10 NAME OF FATHER (city or town) (State or country)  11 BIRTHPLACE (city or town) (State or country)  12 MAIDEN NAME OF MOTHER (city or town) (State or country)  14 Informant May Color of Mother (city or town) (State or country)  14 Informant May Color of Mother (city or town) (State or country)  15 Filedean 8 19 Decease of Burnar, and (2) whether Accusaria, Sciencial, or Hoate Challen (with the word.)  16 Informant May Color of Mother (with the word.)  17 HEREBY CERTIFY, That I attended deceased from that I attended decea	congin of residence in city or town where death occurred yrs. mos.	ds. How long in U.S. if non-resident give city or town and State.)
SEX		
5a If married widowed or divorced	Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) 197
that I last saw he walle on the date stated above at that death occurred on 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 that death occurred on 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 that death occurred on the date stated above at t	- Coulded	16 - 10 21 11 16
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  (duration)	6 DATE OF BIRTH (Month, day and year.) Nav 19 - 1849	
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  9 BIRTHPLACE (city or town)  (State or country)  10 NAME OF FATHER and the state of the state of country  11 BIRTHPLACE  OF FATHER (city or town)  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER (city or town)  (State or country)  14 Informant  (Address)  15 Filed Grall 8, 195 Address  16 ON AME OF BURIAL, CREMATION, Date of Burial OR REMOVAL  (Address)  16 ON AME OF FATHER (CITY or town)  (Signed)  (Si	77 2 5 1 dayhrs.	
(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 (city or town) (State or country)  11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (city or town) (state or country)  14 Informant (Address)  15 Fileden 18 , 195 Change  16 CONTRIBUTORY (Secondary) (duration)  yrs. mos. ds (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?  What test confirmed diagnosis?  State the Disease Causing Death, or in deaths from Violent Causes, state (city or town) (State or country)  14 Informant (Address)  15 Fileden 18 , 195 Change  16 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  Address  20 UNDERTAKER  Address	8 OCCUPATION OF DECEASED  (a) Trade, profession, or	
9 BIRTHPLACE (city or town) (State or country)  10 NAME OF FATHER and Output  11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (city or town) (state or country)  14 Informant (Address)  15 Filed Male 8, 196 Change  16 ONAME OF FATHER (city or town) (State or Country)  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  The Place of Burian (2) whether Accidental, Suicidal, or Homeon (2) whether Accidental (3) whether Accidental (4) whether Accidental (4) whether Accidental (4) whether Accidental (4) whether Accident	(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY
Did an operation precede death? Date of Was there an autopsy?  Was there an autopsy? What test confirmed diagnosis? Manual Manua	9 BIRTHPLACE (city or town) (State or country)	18 Where was disease contracted ds
Was there an autopsy?  What test confirmed diagnosis?  What test confirmed diagnosis?  MAIDEN NAME OF MOTHER  OF MOTHER  State or country  State or country  What test confirmed diagnosis?  M. D.  M. D.  State or country  What test confirmed diagnosis?  M. D.  State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal. (See reverse side for further instructions.)  M. D.  State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal. (See reverse side for further instructions.)  M. D.  State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal. (See reverse side for further instructions.)  M. D.  State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) Whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) Whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) Whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) Whether Accidental, or Home Cidal (1) Means and Nature of Injury, and (2) Whether Accidental (1) Means and Nature of Injury, and (3) Whether Accidental (1) Means and Nature of Injury	10 NAME OF FATHER THE TOTAL	
13 BIRTHPLACE OF MOTHER (city or town) (state or country)  14 Informant (Address)  15 Filed Fall 8, 195  Change  18 Correct Country  19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  20 UNDERTAKER  20 UNDERTAKER  Address	OF FATHER (city or town) Creland	Was there an autopsy?
13 BIRTHPLACE OF MOTHER (city or town) (state or country)  14 Informant (Address)  15 Filed Fall 8, 195  Change  18 Correct Country  19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  20 UNDERTAKER  20 UNDERTAKER  Address	12 MAIDEN NAME POSE X	(Signed) Als Buch M. D.
Informant OR REMOVAL O	13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Lyder, and (2) whether Accounts of Success of House
Filed tral 18, 196 Practice 20 UNDERTAKER Address	Informant the Stumm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Filed tal 18 , 1976 Thankey 20 UNDERTAKER Address		
	Filedrene 18, 1976 Thereney	

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Divorced (write the word.)  In the control of the c		
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)    Interest   Intere	n and State.) mos. ds.	
Divorced (write the word.)    Control of Con	233 2	
IHEREBY CERTIFY, That I attended details and the state of	192	
HUSBAND of  (or) WIFE of  6 DATE OF BIRTH (Month, day and year.)  7 AGE  Years  Months  Days  II LESS than 1 day	eased from	
6 DATE OF BIRTH (Month, day and year.)  7 AGE  Years  Months  Days  II LESS than 1 day	6 , 192	
(Month, day and year.)  (ILESS than that death occurred on the data stated above that death occurred on the	2, 193 6 an	
The CAUSE OF DEATH* was as follows:    The CAUSE OF DEATH* was as follows:   The CAUSE OF DEATH* was as follows:   The CAUSE OF DEATH* was as follows:   Okronic Mys Cauditt   O	at 3 Pm	
77 9 15 OR min.  8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9 BIRTHPLACE (city or town) New York  10 NAME OF FATHER was assessed if not at place of death?  11 BIRTHPLACE  OF FATHER (city or town)  12 Was there an autopsy?		
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) New York  10 NAME OF FATHER was assessed if not at place of death?  11 BIRTHPLACE  OF FATHER (city or town)  12 BIRTHPLACE  OF FATHER (city or town)  Was there an autopsy?		
9 BIRTHPLACE (city or town) New York  10 NAME OF FATHER LINE RATION  11 BIRTHPLACE  OF FATHER (city or town)  Was there an autopsy?	ngsd	
11 BIRTHPLACE Was there an autopsy?	nosd	
11 BIRTHPLACE Was there an autopsy?	·	
(Signed)		
OF MOTHER unknown July 8, 1926 Address Chelsen		
13 BIRTHPLACE OF MOTHER (city or town) (state or country)  *State the Disease Causing Death, or in deaths from Vio (1) Means and Nature of Injury, and (2) whether Accidental, (See reverse side for further instructions.)	mid	
14 Informant Caller Mich 19 PLACE OF BURIAL, CREMATION, De OR REMOVAL Maderies Mich Address	Mid ENT CAUSES, St. SUICIDAL, OF HO	

I PLACE OF DEATH OIM TO STATE	STATE OF MICHIGAN
County hashtenaw De	epartment of StateDivision of Vital Statistics
TownshipTRANSCI	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsen	Hegistered No. 2/
City (No. (If death occurred in	a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Thomas he bu	ines
(a) Residence. No.  (Usual place of abode.)  Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S. if of foreign blend give city or town and State.)
PERSONAL AND STATISTICAL PARTICULARS	yra. mos. ds.
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (carite the word.)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH (Month, day and year)  17
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month, day and year.) Sully 31-1844	that I last saw ham alive on fuey 15, 1926 and
7 AGE Years Months Days If LESS than 8 / // /5 OR min.	that death occurred on the date stated above at 130. am. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Pelitted Garmer  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration)yrsmosds.  CONTRIBUTORY (Secondary)
9 BIRTHPLACE (city or town Dester Crosp (State or country)	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER has no beune	Did an operation precede death? Date of
OF FATHER (city or town) State or country)	Was there an autopsy?  What test confirmed diagnesis?
12 MAIDEN NAME Rangareh Glennon	(Signed) M. D.
13 BIRTHPLACE OF MOTHER (city or town) Suclaid (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. (See reverse side for further instructions.)
4 Informant Mrs Lie Gorman (Address) Chelsen Mich  5 Filed July 16, 1976 Phrangey Registrar.	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  Shooph Cem Dester July 919 20 20 UNDERTAKER  Address  Salarauth Horman Deftu

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

Townsh	6h	elsea	TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No.	
City 2 FUL	L NAME	Ella	Eurrier	StWard) a hospital or institution, give its NAME instead of street and number.)	
a) Res (U Length of r	idence. Isual place esidence in c	Noof abode.) ty 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.	
PI	ERSONAL	AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 2	4	Color or Race	5 Single, Married, Widowed Divorced (write the word	(Month, day and year) 1926	
a If ma	arried, wi	dowed, or divor	married Gerner	I HEREBY CERTIFY, That I attended deceased from	
DATE	OF BIR day and Yea	TH year Gugue	Days II LESS tha	The state of the s	
occu	JPATION	5 //	/   1 day,h ORmin.	Chronic Gulmonary Subercut	
(b) busin which	less, or est	re of industry, ablishment in or employer)	revife	(duration) yrs. mos. ds.  CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.	
BIRT (Sta	HPLACE	(city or town)	ichegan	(duration)yrsmosds.  18 Where was disease contracted  If not at place of death?	
10 NAME OF FATHER Coph Suncan			Sh Suncan	Did an operation precede death? Date of	
11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER Purpa Saulbner				Was there an autopsy?  What test confirmed diagnosis?	
12 M	AIDEN I	NAME Myra	Saulfoner	July 28. 1976, Address Chelses M.	
13 B	IRTHPLA F MOTH (state or o	ACE ER (city or town) ountry)	Canada	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homeodal. (See reverse side for further instructions.)	
Infor	man	las Curr	ier loca nich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL	
LAUD	1655	-		19	

County asatenus De	STATE OF MICHIGAN spartment of StateDivision of Vital Statistics
Township TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsea	Registered No.
City (No	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
Rale 2 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) July 27 19 %
ia If married, widowed or divorced HUSBAND of (or) WIFE of Section Teams	HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month, day and year.) May 24 1840	that I last saw Halive on the date stated above at 70 m.
AGE Years Months Days II LESS than  86 2 3 OR min.	The CAUSE OF DEATH was as follows:
(a) Trade, profession, operational control of work selected Control of the selected Control of th	Chronic Interstitut rephits
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(duration) yrs mos ds.
BIRTHPLACE (city or town) Canada	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER Cofers Oliver	Did an operation precede death? Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country) OF THE COUNTRY OF THE C	Was there an autopsy?
12 MAIDEN NAME OF MOTHER Unknown)	(Signed) A. G. Calracy M. D.
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 Indury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
Informant John Olivier	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
Filed July 29, 1926 To Margue	20 UNDERTAKER Address

# MARGIN RESERVED FOR BINDING

Township TRANSCRI	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No. 2 4		
City (No(If death occurred in a 2 FULL NAME Searge Lend	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 5 yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS  SEX 4 Color or Race 5 Single, Married, Widowed or	MEDICAL CERTIFICATE OF DEATH		
Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) fully 29 192		
Sa If married, widowed, or divorced HUSBAND of (or) WIFE of Cosed and annex	I HEREBY CERTIFY, That I attended deceased from		
B DATE OF BIRTH (Month, day and year.) May 22 - 1866	that I last saw handlive on the date stated above at		
7 AGE Years Months Days   II LESS than 1 day,	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  9 BIRTHPLACE (city or town)	(duration) yrs. mos. de CONTRIBUTORY (Secondary) (duration) yrs. mos. de 18 Where was disease contracted		
(State or country)	Did an operation precede death? Date of		
11 BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OTHER  OF MOTHER  OTHER  OTHER	Was there an autopsy?  What test confirmed diagnosis?		
12 MAIDEN NAME Mary Muller	(Signed)		
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*State the Disease Causing Death, or in deaths from Violent Causes, sta (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Hoscidal. (See reverse side for further instructions.)		
Informant May & Bahannilly  (Address)  (Address)	19 PLACE OF BURIAL, CREMATION, Date of Buris OR REMOVAL  Oak Curry Chelsen fully 1919 2 UNDERTAKER Address		

Registrar.

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## Township ANENT RECORD. City (a) Residence. No.....(Usual place of abode.) Length of residence in city or town where death occurred VIS. mas PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.) 5a If married, widowed, or divorced HUSBAND of 2 6 DATE OF BIRTH (Month, day and year.) 7 AGE Years If LESS than Months Days 1 day, hrs. OR min. 8 OCCUPATION OF DECEASED 0 ADIN (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 WITH 9 BIRTHPLACE (city or town (State or country) NLY, 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (city or town) PLAI PARENTS (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (city or town) (state or country) manara Informan (Address)

I PLACE OF DEATH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## OF CERTIFICATE OF DEATH-LOCAL

Registered No

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

(If non-resident give city or town and State.) yrs. mos.

## How long in U. S., if of foreign birth? ds. MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from

that death occurred on the date stated above at

The CAUSE OF DEATH\* was as follows:

 	***************************************			
		And to see by	Control (4)	
 (durat	ion)	yrs	mos	d

(Secondary) (duration) .... .yrs.....mos.... 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 . 19 4 Address

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

١	(1) MEA	(See rev	NATUI	e for further in	and (2) whether structions.)	ACCIDENTAL	, SUICIDAL, OF	номи
	01011111		SEST, SES	2,32,330,762,010	Diametro de la Constitución de l			
п			0.0	DIIDIAL	ODENAAT	MONI D	ata of D.	.win1

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Registrar.

CONTRIBUTORY

Address

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

Form 93a-4-18-1000 Books-100 pages.

	liage Chelessa Oed	Registered No St. Ward) hospital of institution, give its NAME instead of street and number.)		
(a Ler	) 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) 200-17		
ia	If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIFY, That I attended deceased from		
3	DATE OF BIRTH (Month, day and year.) Sept 6th 1847	that I last saw har alive on the date stated above at 2 m.		
_	AGE Years Months Days II LESS than	The CAUSE OF DEATH* was as follows:		
	79 2 11 day,hrs. ORmin.	Meningetis probably T.BC		
3	(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. #8 ds.  CONTRIBUTORY Colors y T B (Secondary)		
9	BIRTHPLACE (city or town) Michigan	(duration)yrsmosds.  18 Where was disease contracted if not at place of death?		
	10 NAME OF FATHER unknown	Did an operation precede death? CoDate of  Was there an autopsy?  What test confirmed diagnosis?		
ANENTO	11 BIRTHPLACE OF FATHER (city or town) (State or country)			
1	12 MAIDEN NAME OF MOTHER unknown	(Signed) A Calmus M. D.		
	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. (See reverse side for further instructions.)		
4	Informant Mrs & Brasius	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  Lessburg - rear Hymourt Trad 20 192		

STATE OF MICHIGAN

I PLACE OF DEATH	STATE OF MICHIGAN
County lasatenaw D	epartment of StateDivision of Vital Statistics
Village Chelsen (No Old	REPT OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No
(a) Residence, No. (Usual place of abode.)	St., Ward.  (If non-resident give city or town and State.)
Length or residence in city or town where death occurred yrs. mos.	us. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3 SEX   4 Color or Race   5 Single, Married, Widowed or	MEDICAL CERTIFICATE OF DEATH
4 Color or Race 5 Single, Married, Widowed on Divorced (urite the word.	16 DATE OF DEATH (Month, day and year) Now 19 1976
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Portgro  6 DATE OF RIBTH	I HEREBY CERTIFY, That I attended deceased from  Cuy 5, 196, to Chy 9, 1926  that I last saw herealive on 19, 1926 and
6 DATE OF BIRTH (Month, day and year.) Oeco 9 1850 7 AGE Years Months Days II LESS than 1 day,hr ORhr	The Street of Bentin was as follows:
8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	0
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(duration) 2 yrs. mos. ds.
9 BIRTHPLACE (city or town) (State or country)	(duration)yrsmosds.  18 Where was disease contracted  if not at place of death?
10 NAME OF FATHER Zunlansun	Did an operation precede death? Date of
OF FATHER (clty or town) (State or country)	Was there an autopsy? 700 What test confirmed diagnosis? Level 4 X 100
OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  UNBrown	(Signed) M. D. M. D. M. D. M. D. M. D.
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. (See reverse side for further instructions.)
14 Informant Sand Braguis (Address) Chelsia	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL - Chelses Not 22 1924
Filed Nav 22, 1926 Harrowy Registrar	20 UNDERTAKER Plankell Address Chelsea

MARGIN RESERVED FOR BINDING

Township Lighton TRANS Village Chelsen	Registered No.
City (No. (If death occurred 2 FULL NAME (a) Residence. No. (Usual place of abode.) Length of residence in city or town where death occurred yrs. mi	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.)
Length of residence in city or town where death occurred yrs. m  PERSONAL AND STATISTICAL PARTICULARS	os. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH
SSEX 4 Color or Race 5 Single, Married, Widower Divorced (write the wor	1 of 16 DATE OF DEATH
Ga If married, widowed, or divorced HUSBAND of HUSBAND of Gor Wife of	hrs. Obstanction of barnelo.
which employed (or employer) (c) Name of employer	(Secondary) (duration) yrs, mos, ds
State or country fran Itasph Mich	18 Where was disease contracted If not at place of death?
10 NAME OF FATHER Custom Carlos  11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER	Did an operation precede death? Lo. Date of
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homographic (See reverse side for further instructions.)
14 Informant Seo. M. Bushareth (Address) Chelle Much 15 Filed Sec. 28, 1926 Change	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  Chelsea Mick  2 UNDERTAKER  Address  Chelsea  Chelsea  Chelsea  Chelsea

I PLACE OF DEATH OLM TO STATE	STATE OF MICHIGAN
County Mashtenau	epartment of StateDivision of Vital Statistics
Township TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsus	Registered No. 3/
2 FOLL NAME WILLIAM	a hospital or institution, give its NAME instead of street and number.)
(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) Que 29 1920
5a If married, widowed, or divorced HUSBAND of (or) WIFE of  6 DATE OF BIRTH (Month, day and year.) Nov- 6. 1861	that I last saw homalive on the date stated above at the median m
7 AGE Years Months Days II LESS than 1 dayhrs. 0Rmin.	The CAUSE OF DEATH* was as follows:
(a) Trade, profession or fauntin Deconstruction	squares arems
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)
9 BIRTHPLACE (city or town) Ruchegan	18 Where was disease contracted if not at place of death?
10 NAME ON THE OLEVER COMMENT	Did an operation precede death? ZoDate of
0 11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
OF FATHER (city or town)  State or country)  12 MAIDEN NAME OF MOTHER Cannal Colored	(Signed) M. D.
13 BIRTHPLACE OF MOTHER (city or town) bearing (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. (See reverse side for further instructions.)
14 Informant Mrs David N. Rogers (Address) Chelsea nech	19 PLACE OF BURIAL, CREMATION, Date of Burial
Filed Jan 3, 1927 CE margney Registrar.	20 (NDERTAKER ) Hankell Ohlber

## MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK

	Registered No
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
SEX 4 Color or Race 5 Single, Married, Widowed Divorced (write the word	or 16 DATE OF DEATH (Month, day and year) Jany 7th 192
a If married, widowed, or divorced HUSBAND of (or) WIFE of	HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH March 1-1841	that I last saw he talive on 7, 192 7 an
AGE Years Months Days If LESS tha	The brook of BEATH was as follows:
OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	Chronic Myscardte Cledio slenose
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(duration)yrsmosds
(State or country) Rend York	18 Where was disease contracted if not at place of death?
10 NAME OF FATHERLESS Condess	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country)	Was there an autopsy? What test confirmed glashosts?
12 MAIDEN NAME TRANSPORTER	(Signed) M. D
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 Home (Dial. (See reverse side for further instructions.)
Informant Mrs How Jones	19 PLACE OF BURIAL, CREMATION, Date of Burial

1	Township TRANSCI	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
	Village Chelses	2
		Registered No.
(	City	St. Ward hospital or institution, give its NAME instead of street and number.)
:	2 FULL NAME Martha Street	back
(	a) Residence, No	St., Ward
L	tength or 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
2	SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) January 22 197
_	male White Hadwick	17 I HEREBY CERTIFY, That I attended deceased from
5	a If married, widowed, or divorced HUSBAND of Chas Attendad	May 5 1022 40 Janes 21 12
6	DATE OF RIPTH	that I last saw M. alive on 192 7an
-	DATE OF BIRTH (Month, day and years Jugues 30th 1845	that death occurred on the date stated above at
-	AGE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:
	81 4 22 1 day,hrs. ORmin.	Carsimona of the nipper & breeze
3	OCCUPATION OF DECEASED	0
	(a) Trade, profession, or particular kind of work	CHEARDRY NO NOT A TO SEE
	(b) General nature of industry	(4
	business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTOR States through out all
		(Secondary)
_	(State or country) Michigan	18 Where was disease contracted if not at place of death?
	10 NAME OF FATHERINGUE Solution	Did an operation precede death?
)	11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy? 20.
	(State or country)	What test confirmed diagnosis? Maculan
	12 MAIDEN NAME	(Signed) VB Schmidt M. D.
	OF MOTHER Sophie Mann	/25 , 1927, Address Ohiland Mich
	13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, stat (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Home cidal. (See reverse side for further instructions.)
4	(state or country)	
•	Informant Charlette Kluentach	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
5	(Address) Matthville Mick	Oak Trave Chelsia Jany 2 192
•	Filed eny 26, 197 7 6 maroney	20 UNDERTAKER Address
2	Registrar.	Maple & Kankell Chelsed

City Chasles A	ath occurred in a l	Registered No
City Charles A	ath occurred in a	hospital or institution, give its NAME instead of street and number.)
City Charles A	ath occurred in a l	hospital or institution, give its NAME instead of street and institution,
City Charles A	inne	
2 FULL NAME Chasles	www.	The aldrich
		and Rouseness No.
Desidence No.		St., Ward.  (If non-resident give city or town and State.)
(a) Residence. No	yrs. mos.	ds. How long in O. S., it of to eagle
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICS Single, M	arried Widowed Of	16 DATE OF DEATH (Month, day and year) Jany 15 192
3 SEX 4 Color or Race 5 Single, M	(write the word.)	
Male Thete Le	ngel	17 LHEREBY CERTIFY, That I attended deceased from
PERSONAL AND STATISTICAL PARTIC  3 SEX	,	Jany 10, 1927, to Jany 199
HUSBAND of	-1926	that I last saw hanalive on the say 19 ar
(OF) WIFE OI	one vitamis tages	that death occurred on the date stated above at 32 r
	I Day Water in the	The CAUSE OF DEATH was as follows:
(Month, day and year.)  7 AGE Years Months Days	II LESS than	I I I I I I I I I I I I I I I I I I I
- 9 10	ORhrs.	Janeso La
	UN	-
8 OCCUPATION OF DECEASED		
(a) Trade, profession, or None		
particular kind of work	***************************************	(deration)yrsmos
(b) General nature of Industry, business, or establishment in		CONTRIBUTORY Franchitis
which employed (or employer)		CONTRIBUTORY (description) vrs. mos.
(e) Manual State of the Control of t	FRAM STROW B	(Secondary) (duration) yrs, mos, mos, secondary (secondary) yrs, mos, mos, mos, mos, mos, mos, mos, mo
9 BIRTHPLACE (city of town) (State or country)	ch	if not at place of details
(State or country)	ים ביות מות ביות ביות	Did an operation precede death?Date of
	ldrich	Was there an autopsy?
10 NAME OF FATHER (City or town) and (State or country)	in Ol	1 And American
of FATHER (city or town)	7	What test confirmed diagnosis?
OF FATHER (city or town)  OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER (city or town)  OF FATHER (city or town)  (State or country)		(Signed)
III TO THE PART OF	calerry	Jany 25, 1927, Address Check
12 MAIDEN NAME OF MOTHER City of the Market of Mother City of the Market	0.	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES.
13 BIRTHPLACE (city be in the din	of cones	(1) MEANS AND NATURE (See reverse side for further instructions.)
(state or country)		DIRIAL CREMATION, Date of But
n m. G. l. al	duck	19 PLACE OF BURIAL, OIL
14 Informant dis Sale Co	med	Osto Trove Chelseny Jany
(Address) Chillean	UNDERTAKE	2 UNDERTAKER Address
15 Filed Januar 1927 961	Registra	y & Produce their

I PLACE OF DEATH OWN TO TO	STAT	STATE OF MICHIGAN		
County backtenaw	Dep	partment of StateDivision of Vital Statistics		
Township	TRANSCR	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER		
Village Chelsen		Registered No.		
(No	Ola	Ceaples Host Ward		
City. (If death	occurred in a	hospital or institution, give its NAME instead of street and number.)		
2 FULL NAME With Cum	eco	ny		
(a) Residence. No. (Usual place of abode.)		St., Ward		
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 PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH		
-1 m - 1 - 1	te the word.)	16 DATE OF DEATH (Month, day and year) January 3/ 1927		
the state of the s	wed	17 I HEREBY CERTIFY, That I attended deceased from		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of		June 1 , 1926, to Jany 31 , 1927		
6 DATE OF BIRTH	0~	that I last saw her alive on theny 31, 1927 and		
7 AGE Years Months Days II LESS than		that death occurred on the date stated above at 7. m The CAUSE OF DEATH* was as follows:		
		101		
8 OCCUPATION OF DECEASED  (a) Trade, profession, or		C CABBRO FOR MATERIAL C		
particular kind of work				
(b) General nature of industry, business, or establishment in		(duration)yrsmosds.		
which employed (or employer) (c) Name of employer	питиор	CONTRIBUTORY (Secondary)		
9 BIRTHPLACE (city or town)	LIS Whieres	(duration)yrsmosds.  18 Where was disease contracted		
1	~	if not at place of death?		
10 NAME OF FATHER Curbiners	n	Did an operation precede death?Date of		
0 II BIRTHPLACE OF FATHER (city or town)	Was Diese	Was there an autopsy?		
(State or country) unland	on	What test confirmed diagnosis?		
OF FATHER (city or town) (State or country)  (State or country)  MAIDEN NAME OF MOTHER  Unknown	2	(Signed) M. D. Sakyf, 192 7Address Chile		
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	son	*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. (See reverse side for further instructions.)		
14 Informant Janac Brace	ing a con-	19 PLACE OF BURIAL, CREMATION, Date of Burial		
(Address) Chelses me	-ch	Oak Drase Centery Jul 3 192		
15 Filedles 4 , 1927 Honoro	ney	20 UNDERTAKER Address		
	Registrar.	Majelo & Hankell Chilery		

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

I PLACE OF DEATH	STATE OF MICHIGAN
Countyas stenson De	partment of StateDivision of Vital Statistics
Village Chelses	REGISTER OF DEATH—LOCAL REGISTER  Registered No  St. Ward)  a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME  (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
2 SEX 4 Color or Race 5 Single, Married, Widewed or Divorced (write the word.)  Lemale White Hadouse	16 DATE OF DEATH Schurry 6 1927  17  18 HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced HUSBAND of (or) WIFE of  6 DATE OF BIRTH (Month, day and year) Ferre 30, 1839  7 AGE Years Months Days II LESS than	that I last saw he valive on the date stated above at 97 m. The CAUSE OF DEATH* was as follows:
87 7 6 1 day,hrs. ORmin.	
(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.
9 BIRTHPLACE (city or town) Canada	(duration)yrsmosds.  18 Where was disease contracted if not at place of death?
10 NAME OF FATHERUNDALON	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country)	Was there an autopsy?  What test confirmed diagnosis?  M. D.
12 MAIDEN NAME OF MOTHER CUNENCION	Terry 9, 1927, Address Chelses Much
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*State the Disease Causing Drath, or in deaths from Violent Causes, date (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
14 Informant Mrs. Jana Brusius (Address Chelsen Mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Season Speciante Season 192
15 Filedley 10, 1987 Charoney Registrar.	Maple & Clankell Address Chelber

I PLA	CE OF DEATH	TE OF MI	ATA	ST	ATE OF MICHIGAN
County	Meraw	of State-Obligate	De	partment	of StateDivision of Vital Statistics
Township	lylvan	An AVANITURE	TRANSCR	IPT OF	CERTIFICATE OF DEATH—LOCAL REGISTER
Village 0	helsea				Hegistered No.
City2 FULL NA	ME Edmo	ad John	Sry	hospital or	St. Ward) Institution, give its NAME instead of street and number.)
(a) Residence (Usual p Length of residence	ce. No. clace of abode.)	occurred yrs,	mos.	ds.	St., Ward.  (If non-resident give city or town and State.)  How long in U. S., if of foreign birth? yrs. mos. ds.
	NAL AND STATISTIC				How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH
3 SEX	4 Color or Race	5 Single, Married, Divorced (write	Widowed or	16 DAT	E OF DEATH MARCH # 1927
Male 52 If married	White	Lingle	2	17 I HE	EREBY CERTIFY, That I attended deceased from
HUSBA (or) WIF	, widowed, or divord ND of E of	ced .	- Pedi	Ter	22, 1927, to New 4, 1927
6 DATE OF I	BIRTH and year.)	w 11-19;	25-		ast saw hallve on the date stated above at
7 AGE	Years Months	/6 1 da	LESS than hrs. min.		USE OF DEATH* was as follows:
S OCCUPAT  (a) Trade, pi particular kine	ION OF DECEASE rofession, or d of work	D V			GREARING NO FASILON O
Dusiness, or	nature of industry, establishment in yed (or employer) f employer	no	ULTHOO		iBUTORYds.
9 BIRTHPLA (State or co	CE (city or town)	loca me	ek.		re was disease contracted not at place of death?
10 NAME	OF FATEEmen	d Trymus	col .	Did an o	pperation precede death?Date of
	PLACE THER (city or towns or country)	mich .	ortination		ere an autopsy?
12 MAIDE OF MO	N NAME THER Marge	ry Head	)	(Signe	4. 1927, Address Phelsen Mich
13 BIRTHE OF MO	PLACE THER (city or town) or country)	helsed ne	ich	*State (1) Means	the Disease Causing Death, or in deaths from Violent Causes, state and Nature of Lyure, and (2) whether Accidental, Suicidal, or Homiereverse side for further instructions.)
14 Informant (Address)	Chelsia	Hymica Mich	t	19 PLA	REMOVAL  REMOVAL  REMOVAL  REMOVAL  REMOVAL  REMOVAL  REMOVAL
15 Filed Na	n 9, 1927	76 mars	ney	20 UNI	DERTAKER Address Rebeck New
					10

### RECORD. BINDING PERMANENT 8 0 [1] 0 ADING (II) L MARGIN WRITE

4-18-1000 Books-100 pages

### STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township. Registered No. Village. Ward) City (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. yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH (Month, day and year) Divorced (write the word.) 192 I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of that I last saw hamalive on. 6 DATE OF BIRTH (Month, day and year.) that death occurred on the date stated above at QQ m. 7 AGE Years Months Days If LESS than The CAUSE OF DEATH\* was as follows: 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) CONTRIBUTORY (c) Name of employer (Secondary) (duration) .... 9 BIRTHPLACE (city or town) 18 Where was disease contracted (State or country) if not at place of death?. 10 NAME OF FATHER Did an operation precede death?. 11 BIRTHPLACE OF FATHER (city or town) Was there an autopsy? PARENTS What test confirmed diagnosis (State or country) 12 MAIDEN NAME OF MOTHER - 192 Address 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 Accidental, Suicidal, or Homi-CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION, Date of Burial Informant (Address) Address 2 UNDERTAKER Filed Registrar.

Township	TRANSCI	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Cheloud	***************************************	Registered No
City	(No(If death occurred in	a hospital or institution, give its NAME instead of street and numb
(a) Residence. No.		St., Ward.
deat		ds. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Semale 2067	5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) april 15 th 1
5a If married, widowed, or divording the HUSBAND of (or) WIFE of Color W	Days   II LESS than   1 dayhrs,   ORmin.	I HEREBY CERTIFY, That I attended deceased to many 1927, to 1927, to 1927 that I last saw herealive on 1927 1927 that death occurred on the date stated above at 1927 that death occurred on th
BIRTHPLACE (city or town)	wherea.	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER	iil Last	Did an operation precede death? Ad Date of
11 BIRTHPLACE OF FATHER (city or town)	respectation respect to a W	Was there an autopsy?
(State or country)		
(State or country)  12 MAIDEN NAME OF MOTHER	regivance	(Signed) N
(State of Country)	tung -	aprig. 1927, Address Children
12 MAIDEN NAME OF MOTHER Chrom	ternany talmbach	, , , , , , , , , , , , , , , , , , ,

### RECORD. ANENT PERM BIN K 2 (II) 00 ADIN [I] 3 K PLAIN WRITE

### STATE OF MICHIGAN Department of State--Division of Vital Statistics County Pasalenau TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No .. Village (No. (If death occurred in a hospital of institution, give its NAME instead of street and number.) Ward) City. roon (If non-resident give city or town and State.) How long in U. S., if of foreign birth? mos yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH (Month, day and year) 192 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 he halive on 6 DATE OF BIRTH that death occurred on the date stated above at 2 (Month, day and year.) 7 AGE The CAUSE OF DEATH\* was as follows: Years Months If LESS than Days 1 day. 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) CONTRIBUTORY (c) Name of employer (Secondary) .(duration) .... 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 Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) ARENTS What test confirmed diagnosis? (State or country) 12 MAIDEN NAME OF MOTHER Address \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMI-13 BIRTHPLACE OF MOTHER (city or town) CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant Mac 3 192 (Address) Address UNDERTAKER 2 Filed M Registrar.

C	I PLACE OF DEATH	De	STATE OF MICHIGAN Department of StateDivision of Vital Statistics		
Т	Township		CRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER		
ν	/illage Chelse		Registered No. 10		
2	FULL NAME Janette Lor	th occurred in a	a hospital or institution, give its NAME instead of street and number.)		
Li	a) Residence. No	rs. mos.	St., Ward.  (If non-resident give city or town and State.  ds. How long in U. S., if of foreign birth? yrs. mos. d.		
	PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH		
	SEX 4 Color or Race 5 Single, Marriale White	ied, Widowed or tite the word.)	16 DATE OF DEATH (Month, day and year) May 25 192		
_	a If married, widowed, or divorced HUSBAND of (or) WIFE of	Control	I HEREBY CERTIFY, That I attended deceased from May 24, 1927, to 19		
6 DATE OF BIRTH (Month, day and year.) May 22-1927		27	that I last saw hell alive on		
7	AGE Years Months Days	If LESS than 1 day, hrs. OR min.	The state of the s		
8	OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.		"Blue Baky"		
-15	(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTINUE	(duration) yrs mos d		
9	BIRTHPLACE (city or town) (State or country) Chelous Mech	ev sensitivi titi	18 Where was disease contracted if not at place of death?		
	10 NAME OF FATHERING D. Suls	rider	Did an operation precede death?Date of		
OF FATHER (city or town) (State or country)		Was times a	Was there an autopsy?  What test confirmed diagnosis Linual		
PARENTS	12 MAIDEN NAME Olive Carso	no	(Signed) Seo Th Calmer M. 1  May 27, 1927, Address Children Mich		
	13 BIRTHPLACE OF MOTHER (city or town) (state or country)	an	*State the Disease Causing Death, or in deaths from Violent Causes, sta (1) Means and Nature or Injury, and (2) whether Accidental, Suicidal, or Homotidal. (See reverse side for further instructions.)		
14	Informant Larry Laly ge (Address) Chelsen wich	ico	19 PLACE OF BURIAL, CREMATION, Date of Buria. OR REMOVAL Much May 27 192		
15	Filed May 28 1027 76 Ma	Registrat.	20 UNDERTAKER Harbell Chelsea		

### PERMANENT RECORD. BINDING FOR 2 ED ERV ADING S UNF RE WITH MARGIN PLAINLY,

WRITE

(Address)

15 Filed

1-18-1000 Books-100 pages.

### Township. Village. (No. (If death occurred in a h mos. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.) 5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (Month, day and year.) 7 AGE Years Months Days II LESS than 1 day,....hrs. OR .....min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9 BIRTHPLACE (city or town) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (city or town) PARENTS (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (city or town) (state or country)

Registrar

I PLACE OF DEATH

### STATE OF MICHIGAN Department of State--Division of Vital Statistics

Reg	istered I	No//	_Willean
ospital or institution, give its NAME in	stead of st	reet and nur	Ward) mber.)
St., Ward. (If non-resident	give city		State.)
MEDICAL CERTIFICAT	E OF D	EATH	vma e
16 DATE OF DEATH (Month, day and year)	nay	15	1927
I HEREBY CERTIFY, That I	1		d from
that I last saw halive on	ed es	, 19	and
that death occurred on the date	stated a	bove at	00 m.
The CAUSE OF DEATH* was a	s follows	3: 0	
alvular disea	- 0	1 Les	1
(duration)	yrs	mos	ds.
CONTRIBUTORY CAPPORT	lati	e pn	411
(duration)	yrs ed	mos	ds,
Did an operation precede death?	Da	te of	A 60
Was there an autopsy?			
What test confirmed diagnosis?			
(Signed)	uch		M. D.
May /6 192 7, Address @	hela	ca)	uch
*State the DISEASE CAUSING DEATH, or in (1) MEANS AND NATURE OF INJURY, and (2) whe CIDAL. (See reverse side for further instructions.)	deaths from	A VIOLENT CA	USES, state L, or Homi-
	ATIONI	Date of	Burial
	ATION,		
	ATION,		19-2
OR REMOVAL	arion,	Address	19-3

Township.		TRANSCI	RIPT OF CERTIFICATE OF DEAT	TU
Village 6	helaca	ATABITITES VOTO		g [remwo]
v mage		/N-		Registered No/2
City	CVP	(If death occurred in	a hospital or institution, give its NAM	E instead of street and number
2 FULL N	IAME LOES	e Shell	Andrew Livery	(A)
(a) Resider	nce. No.		St., Ward.	BMYN TITLE
	nce. No.  place of abode.)  nce in city or town where death		ds. How long in U. S., if of foreign I	dent give city or town and State.
PERS	ONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFIC	yro. mos. us
3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year)	May 30 192
emall	whote	Hidaw	17	t I attended deceased from
HUSB/	ed, widowed, or divorce	ed no		), 19
DATE OF	PIDTU	ulfacil	that I last saw halive on	IN AFRICA SERVICE
(Month, day	y and year.)	y 26. 1848	that death occurred on the da	,
AGE	Years Months	Days II LESS than	The CAUSE OF DEATH* was	s as follows:
Acres	78 10	I day,hrs. ORmin.	Mulegrany	Tall bladder
OCCUPA	TION OF DECEASE			
(a) Trade	profession, or Vacus	0. 11	1 CONTRACTOR OF THE CONTRACTOR	SORG TO HOLLANDON
(b) Genera	al nature of industry	eroge		
which empl	or establishment in oyed (or employer)	con Louis		yrsmosds
(c) Name	of employer	EL SYROTUGIEN CO	CONTRIBUTORY	
State or	ACE (city or town)	vess Mich	18 Where was disease contra if not at place of death?	yrsmosds.
10 NAME	OF FATHER	Dei	Did an operation precede deat	THE RESERVE AND THE PROPERTY OF THE PROPERTY O
11 BIRTH OF FA	THER (city or town)	Was there an endopsy:	Was there an autopsy?	A STATE OF THE STA
	e or country)	th Bermillers and Jerly	What test confirmed diagnosis	?
12 MAIDE OF MO	OTHER -	head a	(Signed)	
13 BIRTH OF MC	PLACE OTHER (city or town)	with the Court Court	*State the DISEASE CAUSING DEATH, or (1) MEANS AND NATURE OF INJURY, and (2) W	
(state	or country)	AND VALUE OF THE PARTY OF THE P	CIDAL. (See reverse side for further instruction	s.)
Informant	Scatt Ph	ul	19 PLACE OF BURIAL, CREI	MATION, Date of Burial
(Address)	Che	lees mich	has Lape Con Gran	Lie 1
	ul 3, 1927	Olen	20 UNDERTAKER	Address
Filed	terroritance I bearings	Charpeles		Addi ess

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

Form 93a-4-18-1000 Books-100 pages.

1

our	nty	IN ASSESSMENT ASSESSME	NO BENDER	TRANSCRI	PT OF CERTIFICATE OF DEATH—LOCAL REGISTER
ow	nship				Registered No. /3
Illa	ge Oh	elsea			AND THE RESERVE OF THE PARTY OF
			(No	the second to a	hospital or institution, give its NAME instead of street and number.)
tу	·		(If dea	ath occurred in a	I FULL NAME . CONTRACTOR AND
F	ULL NA	MEGarole	ne x	Lersh	Al sometime III
1	Residence	e. No			St., Ward.  (If non-resident give city or town and State.)
ngt	(Usual plant of residence	e. Noace of abode.) in city or town where death	occurred / 3	yrs. mos.	ds. How long in U. S., if or toreign birth 775
		AL AND STATISTIC		ULARS	MEDICAL CERTIFICATE OF DEATH
SI	EX	4 Color or Race	5 Single, Ma	write the word.)	16 DATE OF DEATH (Month, day and year) 1927
7		240	1	0.0	17 I HEREBY CERTIFY, That I attended deceased from
	male		cod con	gee	hene 5 1927 to June 16, 1927
1 1	HUSBAI	, widowed, or divor ND of E of	000		1 4 1/1027-11
_			a we born	100	that I last saw he alive on the date stated above at that death occurred on the date stated above at
(1	ATE OF I		1 12.	-1873	The CAUSE OF DEATH* was as follows:
A	GE	Years Months	Days	If LESS than  1 day,hrs.	The CAUSE OF BEATT was as to the
	,	54 2	4	ORmin.	Cuesta Control
C		ION OF DECEASE			
	particular kin	orofession, or water	sexues	<i>M.</i>	(duration)yrsmosds
	(b) General	nature of industry, r establishment in			1
	which emplo	yed (or employer)	en la		Coldination
	(7)	-4	12.9	Lab.	(Secondary) (duration) yrs mos ds
9 E	(State or o	ACE (city or town)	ches	ian	if not at place of death?
1	10 NAME	OF FATHER	al of	able	Did an operation precede death?Date of
-		1	2	THE PROPERTY	Was there an autopsy?
2		THER (city or town)	Lucien	aury	What test confirmed diagnosis?
-	AND DESCRIPTIONS	e or country)	Ser	many	(Signed) M. D. Vessell, M. D.
- Language	12 MAIDI OF M	EN NAME OTHER	hia (	Luna	6/17.1927, Address Chelaca
-	The same of the sa			THE PERSON NAMED IN	*State the Disease Causing Death, or in deaths from Violent Causes, sta (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Hom
		HPLACE OTHER (city or town e or country)	mes	hegan	CIDAL. (See reverse side for fattered
1	1970 10 9	O	- HRIGHTS	19 5 18 9	19 PLACE OF BURIAL, CREMATION, Date of Buria
14	Informan	it I have se	rapl	£	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
5	(Address	1) Chel	sea "	uch	Address Address
15	Filed	ne 20, 1927	06	Registrar.	le Core I Willow

	I PLACE OF DEATH SOLM TO STATE	STATE OF MICHIGAN
Co	unty Casateraw Der	partment of StateDivision of Vital Statistics
То	wnship Jesteran TRANSCR	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
	llage Chelsen.	Registered No.
	(No	StWard) hospital or institution, give its NAME instead of street and number.)
Ci	(If death occurred in a	nospital of institution, give its NAME instead of street and number.
2	FULL NAME CLUM WORM	A DESCRIPTION OF THE PROPERTY LIVE CO.
(a.	) Residence. No. (Usual place of abode.) gth of residence in city or town where death occurred yrs. mas.	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) Quant 8 192
0	nace white married	17 I HEREBY CERTIFY That I attended deceased from
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of Chusting Banes Wicholi	, 19 , to, 19
-		that I last saw halive on, 19 and
_	DATE OF BIRTH (Month, day and year.) See 22 - 1876	that death occurred on the date stated above at 2 m.m.
7	AGE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:
CHIEF TO SERVICE STREET	51 3 16 ORmin.	and the same
8	OCCUPATION OF DECEASED	CHEADOL TO MORATURE
	(a) Trade, profession, or Machanish	
	(b) General nature of industry. business, or establishment in racheric Chap.	(duration)yrsmosds
	(c) Name of employer Openses Scient C.	CONTRIBUTORY Mers Velerasis
_	BIRTHPLACE (city or town)	(duration) yrs, mos, ds
_	(State or country) Supplies Much	if not at place of death?
	10 NAME OF FATHER	Did an operation precede death?Date of
S	11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
L	(State or country) Sermany	What test confirmed diagnosis?
PARENTS	12 MAIDEN NAME OF MOTHER LUS EN CAMPAGE	6/9.192, Address Chelsin mich
ш	13 BIRTHPLACE OF MOTHER (clty or town) 700- (state or country)	*State the Disease Causing Drath, or in deaths from Violent Causes, stat (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, of Home Cidal. (See reverse side for further instructions.)
14	ma a richolis	19 PLACE OF BURIAL, CREMATION, Date of Burial
	(Address) Chelsen Mich	Och Prato bein Chebon June 12192
18		20 UNDERTAKER Address

### THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING Form 93a-4-18-1000 Books-100 pages.

	1m - b 1 mall	rtment of StateDivision of Vital Statistics
ou	ntý TRANSCRIP	T OF CERTIFICATE OF DEATH-LOCAL REGISTER
'ow	/nshlp	Registered No
	Chelser	
11112	age (No	StWard) nospital or institution, give its NAME instead of street and number.)
city	(If death occurred in a b	iospital of institution, give the
, 1	FULL NAME (Rev. Surgus for	all management to
•	Des Const	St., Ward. (If non-resident give city or town and State.)
(a)	Residence. No	ds. How long in C. S., ii or to construction
eng	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Single Married, Widowed or	16 DATE OF DEATH (Month, day and year) July 15 1927
	Divorced (write the word.)	
na.	hall white Tadawed	I HEREBY CERTIFY, That I attended decouses
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of Jarah Janes.	, 19, to, 19
		that I last saw halive on
6 E	DATE OF BIRTH Month, day and year.) June 10.1848	that death occurred on the date stated above atm.
_	AGE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:
ं	1 day,hrs.	Cerebral Contain
	79 / 2 ORmin.	4,0500 8
8 (	OCCUPATION OF DECEASED	The second secon
	(a) Trade, profession, or	(4)
	particular kind of work  (b) General nature of industry,	(duration)yrsmosds
	business, or establishment in which employed (or employer)	CONTRIBUTORY Confusion of Line
	(c) Name of employer	(Secondary) (duration) yrs. morno ds
9	BIRTHPLACE (city or town) and England	if not at place of death?
	(State or country)	Did an operation precede departs. Date of
	10 NAME OF FATHER who have	
-	11 BIRTHPLACE	Was there an autopsy?
ENTS	OF FATHER (city or town) (State or country)	What test confirmed diagnosis?
EN	A second	(Signed) Colleges Much
AR	12 MAIDEN NAME OF MOTHER contension	
ь	13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, sta (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Hox cidal. (See reverse side for further instructions.)
	OF MOTHER (city or town) (state or country)	CIDAL. (See reverse side for further instructions.)  CREMATION. Date of Buria
-	THE RESIDENCE OF THE PERSON AND THE	19 PLACE OF BURIAL, CREMATION, Date of Buria
14	Informant Ms. Busines	Och Grang - Chelson July 15 19
	(Address) Children Mich	2 UNDERTAKER Address
18	Fleduly 9, 1927 Maroney Registration	mapes & Plankell Chebeen

Township	TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsea	ATMENT DATE AND A	
Village	Par	Registered No. / G
City	(No. (If death occurred in	a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Fens	u Dista	mstead of street and number.)
(a) Residence No.	The seed Drie	TULL NAME
(a) Residence. No. (Usual place of abode.)  Length of residence in city or town where death	Annual /	ds. How long in U. S. if of foreign blend give city or town and State
PERSONAL AND STATISTIC		mos.
3 SEX 4 Color or Race	5 Single, Married, Widowed or	MEDICAL CERTIFICATE OF DEATH
nace white	Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) Quy 28 192
5a If married widowad a ti	ad adviser	I HEREBY CERTIFY, That I attended deceased from
HUSBAND of Coro		aug 4 , 1927, to aug 28 , 192
6 DATE OF BIRTH (Month, day and year.)	- Cucano	that I last saw hamalive on aug 28, 192 7ar
7 AGE Years Months	X 4-184X	that death occurred on the date stated above at
Tours Months	Days If LESS than	The CAUSE OF DEATH* was as follows:
83 10	OR min.	Cerebral Empalian
8 OCCUPATION OF DECEASE	D	thrombasus
(a) Trade, profession, or Particular kind of work	and a state	DESARSSO NO KON ANUOSO
(b) General nature of industry,	Pet	
business, or establishment in which employed (or employer)	received	(duration) yrs. mos. 2 d
(c) Name of employer	CONTRIBUTION (IEC	(Secondary)
9 BIRTHPLACE (city optown)	Kvob)	(duration)yrsmosds
(State or country) Juspe	v. new york	if not at place of death?
10 NAME OF FATHER	ed	Did an operation precede death?Date of
OF FATHER (city or town)	Sympoton on orner and	Was there an autopsy?
(State or country)	wild Com	What test confirmed diagnosis?
(State or country)  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER		(Signed) S. D. Qual M. D.
	aplayes	aug 28, 192), Address Chelocal Much
13 BIRTHPLACE OF MOTHER (city or town)	est knew	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Home cidal. (See reverse side for further instructions.)
(state or country)		
(state or country)	andrid	19 PLACE OF BURIAL, CREMATION. Date of Burial
(state or country)	andrick Onices	19 PLACE OF BURIAL, CREMATION, Date of Burial
4 Informant Vary 9	andrick Cruck	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL 830 192 20 UNDERTAKER Address

## WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING Form 93a-4-18-1000 Books-100 pages.

CI	wnship lage	Alsen ME Ellen	(No. (If death occurred in a	Registered No	.Ward)
(a) Len	Residence (Usual plants) gth of residence	e. No	occurred yrs. mos.	St., Ward.  (If non-resident give city or town and ds. How long in U. S., if of foreign birth?  yrs. mos.	State.) ds.
	PERSON	AL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	N 3 3 4
3 5	SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) Cury 26	192
2	nall	white	Lingle	17 I HEREBY CERTIFY, That I attended decease	d from
Бa	If married	widowed, or divor	ced	, 19, to	, 19
	(or) WIF		enter i de la companya de la company	that I last saw halive on, 19	
3	DATE OF E	BIRTH and year.	15-1849	that death occurred on the date stated above at	
		Years Months	Days II LESS than	The CAUSE OF DEATH* was as follows:	
		70	1 day,hrs.	appleles	
		/ 10	// ORmin.	PATION OF DISCUSSION OF THE PARTY OF THE PAR	DDO B
9	business, or which employ (c) Name o	nature of industry, establishment in yed (or employer) f employer  ACE (city or town)	Detired Tetered	(duration)yrsmos  CONTRIBUTORY	ds
1		OF FATHER	an mil Thease	Did an operation precede death?Date of	
TS	11 BIRTH OF FA	PLACE THER (city or town)	o mo paede	Was there an autopsy?	
Z	(State or country)  12 MAIDEN NAME OF MOTHER Elizabeth Beal	(Signed) M. L. Sabauld aug 27, 1927, Address Chelsea	me.		
ARE	13 BIRTH OF MC	OTHER (city or town)		State the DISEASE CAUSING DEATH, or in deaths from VIOLENT C (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDCIDAL. (See reverse side for further instructions.)	
PARE	(state or country)  14 Informant & B. Brasino			19 PLACE OF BURIAL, CREMATION, Date of OR REMOVAL	f Buria
PARENTS	Informan	t	e a Thus of	(See much: lung	28192
	Informan (Address)	Chelo	26 maroney	2 UNDERTAKER Address	3

	I PLACE OF DEATH OWN TO TTATE	ST	TATE OF MIC	HIGAN	· I PLACE
C	ounty lashteness Der	artmer	t of StateDivision	of Vital Stati	stics
	Ilage Chelous	IPT OF	CERTIFICATE OF D	Registered	10
		hospital	or institution, give its NA	StSt.	ward)
(a	) Residence. No. (Usual place of abode.) ngth of residence in city or town where death occurred 9 yrs. mos.	ds.	St., Ward. (If non-	resident give city	or town and State.) mos. ds.
Ξ	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERT	FICATE OF D	EATH
	SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	7-2-20 -	TE OF DEATH Month, day and year)	Seph	8 1927
_	If married, wide yed, or divorced HUSBAND or	17 I HEREBY CERTIFY, That I attended deceased from			
6	DATE OF (BIRTH (Month, day and year.)  AGE Years Months Days II LESS than	that d	last saw halive of eath occurred on the AUSE OF DEATH*	one date stated a	, 19 and
_	82 8 /2 i day,hrs. ORmin.		Desnecisi	anes	nia
8	(a) Trade, profession, or particular kind of work states the second (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer		(duration condary)		mos. ds.
9	(State or country) renewation Co Mich		duration dur	ntracted	mosds.
	10 NAME OF FATHER alnin Hard	Did an	operation precede o	leath?Da	ate of
NTS	11 BIRTHPLACE OF FATHER (city or town) (State or country)		here an autopsy? test confirmed diagr	nosBland	Examenator
PARENT	12 MAIDEN NAME ary Ellendampine	Sego.	(ned) 7, 1927, Address	Chelo	M. D.
	13 BIRTHPLACE OF MOTHER (city or town) (state or country)	(1) MEA!	te the DISEASE CAUSING DEA NS AND NATURE OF INJURY, and See reverse side for further instr	d (2) whether Accipi	m Violent Causes, state ental, Suicidal, or Homi-
14	Informant news on Lease (Address) Chilard much	19 PL	OR REMOVAL	CREMATION,	Date of Burial
15	The second secon	Zo UI	NDERTAKER AL	ffan	Address

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

STATE OF MICHAEL PLANTE	STATE OF MICHIGAN
County Continue De	partment of StateDivision of Vital Statistics
Village Chelous  City (No. Old (If death occurred in a	Registered No
(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) Lept 18 192
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month, day and year.) Sea 6 - 1843  7 AGE Years Months Days II LESS than 1 day,	that I last saw handlive on
(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. o ds  CONTRIBUTOR yrs. mos. ods  (Secondary) (duration) yrs. mos. ds  IS Where was disease contracted
9 BIRTHPLACE (city or town) (State or country)	If not at place of death?
11 BIRTHPLACE OF FATHER (city or town) (State or country)  (State or country)	Did an operation precede death?Date of
12 MAIDEN NAME OF MOTHER	(Signed) Much M. C. Sept 19, 1927, Address Chelena Mich
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
14 Informant Season Braunia (Address) Chelical mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  Romes Puick 42/192  2 UNDERTAKER Address
Filed 9320, 1927 C. Register	mapes & Plankell Chelica

	SCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
City	in a hospital or fustitution, give its NAME instead of street and number.
a) Residence. No.  (Usual place of abode.)  ength of residence in city or town where death	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	os. ds. How long in U. S., if of foreign birth? yrs. mos.
SEX 4 Color or Race 5 Single, Married, Widowed Divorced (write the wor	MAN TO THE PARTY OF THE PARTY O
emale White The in	17
a If married, widowed, or divorced HUSBAND of (or) WIFE of the phent of phent (Month, day and year.)  AGE Years Months Days II LESS th  1 day	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	USBABUSU SUMMAS COO
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(duration)yrs,mos,(Secondary)
BIRTHPLACE (city or town) (State or country) unknewn	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER INC.	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country)	Was there an autopsy?  What test confirmed diagnosis?
12 MAIDEN NAME OF MOTHER	(Signed) Secret M.
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*State the Disease Causing Death, or in deaths from Violent Causes, st (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Ho
Informant Mrs Jean 1 Box	19 PLACE OF BURIAL, CREMATION, Date of Buria

### AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING Form 93a-4-18-1000 Books-100 pages.

STATE OF MICHIGAN	STATE OF MICHIGAN
I PLACE OF DEATH	partment of StateDivision of Vital Statistics
ounty backlenaw	
USTRICIA CADOL-NYATE TO STADITITY TRANSCRI	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
ownship	Registered No.2.
illage Chelsen	StWard)
(No(If death occurred in a	hospital or institution, give its NAME instead of street and number.)
ity (il death occarred in	tu lohan
FULL NAME MANGELLE MANGELLE	A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR
a) Residence. No. (Usual place of abode.)	St., Ward. (If non-resident give city or town and State.)
ength of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if or foreign birthir yes.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) Lept 26 192)
Temale white Madaw	HEREBY CERTIFY, That I attended deceased from
a if married, widowed, or divorced	June 30 , 192), to Sup 26 , 192/
a If married, widowed, or divorced HUSBAND of (or) WIFE of almon Johann	that I last saw her alive on hept 26, 192 and
DATE OF BIRTH (Month, day and year.) March 2 - 184	that death occurred on the date stated above at m.
It I ESS than	
AGE Years Months Days I LESS than	
80 6 2× ORmin.	august of
OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work.	(duration) yrs Pmos. ds.
(b) General nature of industry,	(duration)yrsmosds.
business, or establishment in which employed (or employer)	CONTRIBUTORY
(c) Name of employer	(duration) yrs. mos. ds.
9 BIRTHPLACE (city or town)	Is Where was disease contracted if not at place of death?
(State or country)	Did an operation precede death?Date of
10 NAME OF FATHER mass deland	The state of the s
11 BIRTHPLACE	Was there an autopsy?
OF FATHER (city or town) (State or country)  (State or country)	What test confirmed diagnosis?
1	(Signed) M. D.
12 MAIDEN NAME OF MOTHER WAS DULLARD	Supt 26, 1927, Address Chelsen
13 BIRTHPLACE (city or town) New Courts	*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. (See reverse side for further instructions.)
(state or country)	
14 Benjamin Jaham	19 PLACE OF BURIAL, CREMATION, Date of Burial
Informant Office Shuch	Linkney mich Supt 2919?
(Address)	2 UNDERTAKER Address
15 Filed 427, 1927 Commoney	Mupes & Hankell Chelse

I PLACE OF DEATH	STATE OF MICHIGAN
County Pasatennia	Department of StateDivision of Vital Statistics
Township July 1	TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village	Registered No.22
City Chelsea (No. (If death o	occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Chad	N Cae.
(a) Residence. No.	2 PULL NAME CASE TOOL
(Usual place of abode.)  Length of residence in city or town where death occurred / yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Divorced (write	Widowed or the word.) 16 DATE OF DEATH (Month, day and year) Oct 6 1925
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIFY, That I attended deceased from 1927, to 206, 1927
6 DATE OF BIRTH (Month, day and year.) July 28 48	that I last saw harmalive on Oct 6, 192 7 and
7 ACE VILLE	that death occurred on the date stated above at 3
10 3 0	min. Cerebral apopling
(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.
9 BIRTHPLACE (city or town) (State or country)	(Secondary)  (Is Where was disease contracted if not at place of death?
10 NAME OF FATHER Of and PIO	Did an operation precede death?Date of
of I1 BIRTHPLACE OF FATHER (city or town) (State or country)	Was there an autopsy? What test confirmed/diagnosis?
OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER CICETTA Voice	(Signed) Sy Bush M. D.
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. (See reverse side for further instructions.)
14 Informant Or Balmer (Address) Chebra Mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
15 Filed Od 16, 1927 Honor	20 UNDERTAKER Address Legistrar. Address Aleftan

### Department of State--Division of Vital Statistics ANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. 23 Township No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) ANENT RECORD. How long in U. S., if of foreign birth? yrs. mos. ds. BINDING MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month, day and year) Single, Married, Widowed or 4 Color or Race 3 SEX 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 her alive on K that death occurred on the date stated above at 6 DATE OF BIRTH (Month, day and year.) 5-1846 The CAUSE OF DEATH\* was as follows: L II LESS than Months Days Years 7 AGE 1 day,.....hrs. OR min. H 8 OCCUPATION OF DECEASED 0 UNFADING (a) Trade, profession, or particular kind of work. [I] (duration) .....yrs....mos..... S (b) General nature of industry, business, or establishment in CONTRIBUTORY .. L which employed (or employer) (Secondary) 18 Where was disease contracted mos..... M (c) Name of employer if not at place of death?... 9 BIRTHPLACE (city or town) MARGIN (State or country) Did an operation precede death?.....Date of... PLAINLY, 10 NAME OF FATHER Was there an autopsy?... 11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? PARENTS (State or country) 12 MAIDEN NAME OF MOTHER WRITE 27, 1927, Address \*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. (See reverse side for further instructions.) 13 BIRTHPLACE OF MOTHER (city or town) Date of Burial (state or country) PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) /4 UNDERTAKER 15

I PLACE OF DEATH

STATE OF MICHIGAN

I PLACE OF DEATH	STATE OF MICHIGAN
County ashlenaw De	epartment of StateDivision of Vital Statistics
Township	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsed	Registered No. 2
City (No. (If death occurred in 2 FULL NAME Carl Clarles	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.)	(Month, day and year) QC 26 1927
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max. 10-1860	17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month, day and year)	that I last saw haralive on Qc 26, 1927 and
7 AGE Years Months Days If LESS than  1 dayhrs. 0Rmin.	that death occurred on the date stated above at 2 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION OF DECEASED  (a) Trade, profession, or Released  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) (State or country)	(Secondary)  (duration) yrs. mos. ds. if not at place of death?
10 NAME OF FATHER My Decit	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town) Sermany (State or country)	Was there an autopsy?
OF FATHER (city or town) Sermany  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  Anney	(Signed) M. D.
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*State the Disease Causino Death, or in deaths from Violent Causes, state (1) Means and Nature of Indury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
(Address) Chelsia mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
Filed 27, 192) Anaroney Registrati	20 UNDERTAKER Address Address

## WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING Form 93a-4-18-1000 Books-100 pages.

IPL	ACE OF DEATH		STATE OF MICHIGAN	
The	enterais)	Dep	artment of StateDivision of Vital Sta	tistics
County	ansesas.	TO TIBOUTE TO TO TO	PT OF CERTIFICATE OF DEATH—LOCA	REGISTER
Township	Sylvan	TRANSCRI		2.
	Thelowal		Registere	d No.
Village		(No.	St	Ward)
City		(If death occurred in a	hospital or institution, give its NAME instead o	street and number.)
2 FULL N	IAME Dan	m. Halak		
		10=57/10	St., Ward.	
(a) Reside (Usua Length of reside	nce. No	occurred 2 yrs. // mos.	ds. How long in U. S., if of foreign birth?	ity or town and State.) yrs. mos. ds.
	ONAL AND STATISTIC		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)	30 192)
male	white.	married	17 I HEREBY CERTIFY, That I atter	ded deceased from
	led, widowed, or divor	ced	Tea 1927 to Oc	X30 ,1927
(or) W	led, widowed, or divor BAND of VIFE of	Malch!	that I last saw hamalive on Oc	1927 and
	F BIRTH ay and year.) May	637	that death occurred on the date state	d above at 0 50m.
		Days If LESS than	The CAUSE OF DEATH* was as foll	ows:
7 AGE	Years Months	1 day,hrs.	Chanis Interesti	teal
	09 4	/ 8 ORmin.	The state of the s	
e occup	ATION OF DECEASE	PD.	nyocarditis	
(a) Trad	de profession of		U U	
particular	r kind of work	ner	Oldage(duration)yr	sds
business.	neral nature of industry, or establishment in	aused	CONTRIBUTORY	
	mployed (or employer) 6	2 dr. 11 mo		
o DIDELLE	6	o. Cock)	(Secondary) (duration)yr	sas
(State	PLACE (city or town) or country)	reland	if not at place of death?	••••••
10 NAM	ME OF FATHER	has Halsh	Did an operation precede death?	Date of
11 BIR	THPLACE FATHER (city or town)	Co. Cark	Was there an autopsy?	
SL7 OF	tate or country)	Treland	What test confirmed diagnosis?	
12 MAI	IDEN NAMES		(Signed)	, M. D
12 MAI OF	MOTHER bile	n nede	Oct 37. 193 Address	- Francisco Company atast
13 BIR	THPLACE MOTHER (city or town) tate or country)	Treland	*State the DISEASE CAUSING DEATH, or in death (1) MEANS AND NATURE OF INJURY, and (2) whether A CIDAL. (See reverse side for further instructions.)	
14		Wadel)	19 PLACE OF BURIAL, CREMATIC	ON, Date of Burial
(Addre	ant Chu	leed mich	at Oliven Com. Chelse	N 200 2 192
15	~ / /	060	2 UNDERTAKER	Address
Filed	100 4, 19	Registrar.	Seo Astassan	Chilory
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Registrar.

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RECORD

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WRITE

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### RECORD. PERMANENT 2 ADING -PLAINL

### STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics SCRIPT OF CERTIFICATE OF DEATH-LOCAL Township. Registered No. Village (If death occurred in a hospital or institution, give its NAME instead of street and number.) City 2 FULL NAME St., Ward. 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? yra. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX Single, Married, Widowed or 16 DATE OF DEATH (Month, day and year) 4 Color or Race 192 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 htmalive on. 6 DATE OF BIRTH (Month, day and year.) 183 V that death occurred on the date stated above at ... If LESS than 7 AGE Days The CAUSE OF DEATH\* was as follows: Years Months 1 day.....hrs. OR .....min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, (duration) .....yrs..... business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) ..(duration) ..... 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 OF FATHER (city or town) PARENTS What test confirmed diagnosis? (State or country) 12 MAIDEN NAME OF MOTHER Que 13, 1927, Address \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13 BIRTHPLACE OF MOTHER (city or town) 1) Means and Nature of Invest and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant reco danen (Address) Address UNDERTAKER Registrar

Village Chelsed	TRANSCI	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Milsed		Registered No. 8
2 FULL NAME Thou	(No. (If death occurred in a	St. Ward hospital or institution, give its NAME instead of street and number.)
(a) Residence. No		St., Ward.
Length of residence in city or town where death PERSONAL AND STATISTIC		ds. How long in U. S., if of foreign birth? yrs. mos. ds
3 SEX 4 Color or Race		MEDICAL CERTIFICATE OF DEATH
Emale Colored	5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) Cled 5 192
is a If married, widowed, or divorce HUSBAND of (or) WIFE of Caruse	ed cook.	I HEREBY CERTIFY, That I attended deceased from
Month, day and year.) 1870	Daniel Control of the	that I last saw her alive on week 4, 1927 and
7 AGE Years Months	Days If LESS than 1 day,hrs.	that death occurred on the date stated above at 9
3/	ORmin.	nyocarditis
OCCUPATION OF DECEASED	)	0
(a) Trade, profession, or particular kind of work	surifl	SASANJAN AN ANTASUOON
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	on Lone	(duration) yrs. mos. ds
BIRTHPLACE (city or town) Rec (State or country)	Kenled	(Secondary)  (duration) yrs mos ds  IS Where was disease contracted  if not at place of death?
10 NAME OF FATHER	2 Sherand	Did an operation precede death?
11 BIRTHPLACE OF FATHER (city or town) (State or country)	- Processing and the second	Was there an autopsy? What test confirmed diagnosis?
12 MAIDEN NAME OF MOTHER	A Seed Second 1	(Signed) Seo. M. Valence M. D.
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	The street of the state of	*State the Disease Causing Death, or in deaths from Violent Causes, stat (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Home Cidal. (See reverse side for further instructions.)
Informant Varuson	Cook	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
(Address) Clebe	, much	Datig it all the de mid no a
THE RESIDENCE OF THE PARTY OF T		
Filed Wee 22 1927 O.	C. marones	20 UNDERTAKER Address

### PERMANENT RECORD. BINDING đ K 2 0 HIS L XX 0 ADING (I) S SAF 8 WITH PLAINLY, WRITE

### STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics County TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No Village death occurred in a hospital or institution, give its NAME instead of street and number.) City 2 FULL NAME (If non-resident give city or town and State.) How long in U. S., if of foreign birth? yrs. yrs. mos. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 Single, Married, Widowed or Divorced (write the word.) 16 DATE OF DEATH (Month, day and year) 192 3 SEX 4 Color or Race I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lengamon that death occurred on the date stated above at-6 DATE OF BIRTH The CAUSE OF DEATH\* was as follows: If LESS than Days 7 AGE Years Months 1 day,....hrs. 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 which employed (or employer) CONTRIBUTORY (Secondary) (c) Name of employer ....yrs.....mos.... (duration) ..... 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 Was there an autopsy?..... 11 BIRTHPLACE What test confirmed diagnosis? OF FATHER (city of town) PARENTS (State or country) 12 MAIDEN NAME OF MOTHER Sec 2 K. 192 , Address 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. (See reverse side for further instructions.) 13 BIRTHPLACE OF MOTHER (city or town) (state or country) Date of Burial 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Informant Dee 26 192 un (Address) Address UNDERTAKER 2 Registrar.

I PLACE OF DEATH OIM TO STATE	STATE OF MICHIGAN
County ashlenau	epartment of StateDivision of Vital Statistics
Township TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelson	Hegistered No.30
City (No. (If death occurred in	a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME albert V. S.	returne
(a) Residence. No. 214 % Muddle) (Usual place of abode.)	St., Ward.
mos.	ds. How long in U. S. if of foreign birth? give city or town and State.)
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)
where married	17 I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mean These	nav 1027 4 VOL 1/24 3
6 DATE OF BIRTH	that I last saw haralive on 20 4-12 25
(Month, day and year.) Thanch 4 th 185	that death occurred and the tree
Months Days If LESS than	The CAUSE OF DEATH* was as follows:
70 9 24 1 dayhrs.	Lymphy Saranna
8 OCCUPATION OF DECEASED	Ceresial
(a) Trade profession as	
particular kind of work were as were	
(b) General nature of industry, business, or establishment in which employed (or employer)	(duration)yrsmosds
(c) Name of employer	CONTRIBUTORY
9 BIRTHPLACE (city or town) Much	(duration) yrs. mos. ds.
10 NAME OF FATHER John Settle	if not at place of death?  Did an operation precede death?  Date of
11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy? No
(State or country) Freland	What test confirmed diagnosis?
(State or country)  12 MAIDEN NAME Clega Logan	(Signed) M. D.
77	Olo 29. 1927, Address Chelow 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 Indury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
4 Informant Mrs Mabel Happe	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
(Address) Chelsea Mich	manuel 3
Filed Janus 1928 Och	20 UNDERTAKER Address
Registrar	mason What I Ohio
	annell melosy

### RECORD. BINDIN $\alpha$ [1] 0 8 ADIN (I) ഗ UNF K Ē MARGIN PLAINLY WRITE

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### STATE OF MICHIGAN I PLACE OF DEATH atenau Department of State--Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township. Registered No. Ward) City 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 mos. How long in U. S., if of foreign birth? mos. yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 Color or Race Single, Married, Widowed or (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 6 DATE OF BIRTH (Month, day and year.) that death occurred on the date stated above at 1841 7 AGE Years Months If LESS than Days The CAUSE OF DEATH\* was as follows: 1 day,.....hrs. 10 OR....min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in duration) \_\_\_\_vrs.\_\_\_ which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) ..... 9 BIRTHPLACE (city or town) (State or country) 18 Where was disease contracted If not at place of death?. 10 NAME OF FATHER Did an operation precede death? Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town). What test confirmed diag (State or country) OF MOTHER 3 . 19 24 Address \*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homi-13 BIRTHPLACE OF MOTHER (city or town) CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, OR REMOVAL Date of Burial CREMATION. my 2192 (Address) 15 Address 2 UNDERTAKER Registrar.

7	Township	TRANSCE	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
7	Village Chelsea		Registered No. 32
2	2 FULL NAME NAME	(If death occurred in a	St. War hospital or institution, give its NAME instead of street and number.
	a) Residence. No. (Usual place of abode.)	medale	St., Ward.
	ength of residence in city or town where deal PERSONAL AND STATISTI		us. How long in U. S., if of foreign birth? yrs. mos.
3	SEX 4 Color or Race	5 Single, Married, Widowed or	MEDICAL CERTIFICATE OF DEATH
	En elle welt	Divorced (write the word.)	16 DATE OF DEATH (Month, day and year)
5	a If married, widowed, or divor	ced Schiller	I HEREBY CERTIFY, That I attended deceased from the second
6	DATE OF BIRTH	11-17-1877	that I last saw Malive on Que 36, 1937 a
7	AGE Years Months	Days II LESS than	that death occurred on the date stated above at
	54 10	9 1 day, hrs.	Broncho Freunous
8			
	(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	eservice wond None	(duration) yrs. mos. 7
9	(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	eservificand Some	CONTRIBUTORY Greenless (Secondary) (duration) yrs. mos. (18 Where was disease contracted
9	(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	con dome	(Secondary) (duration) yrs. mos. (18 Where was disease contracted if not at place of death?
	(a) Trade, profession, ot particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town) (State or country)	estruction West of Medical	CONTRIBUTORY (Secondary) (duration) yrs, mos. (18 Where was disease contracted if not at place of death?
	(a) Trade, profession, ot particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town)  (State or country)  10 NAME OF FATHER	eservice work one contract med o Medruck ermany	CONTRIBUTORY (Secondary) (duration) yrs. mos. (18 Where was disease contracted if not at place of death?  Did an operation precede death? Date of Was there an autopsy?
	(a) Trade, profession, ot particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town) (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (city or town) (State or country)	estruction done etrach med o Meetreck esmany Loved a Bernany	CONTRIBUTORY (Secondary) (duration) yrs, mos, 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? Physicial (Signed) M.
PARENTS	(a) Trade, profession, ot particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town) (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (city or town) (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE (city or town) (state or country)	estract Med o Medrack Med o Medrick Medical Me	CONTRIBUTORY (Secondary) (duration) yrs, mos. (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? hyporcid (Signed) M. (

### RECORD. ANENT BIN PERM K 0 H XX 0 0 UNFADIN [I] S K WITH PLAINLY,

### STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics RANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No. Village City (If non-resident give city or town and State.) How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 Single, Married, Widowed or 16 DATE OF DEATH 3 SEX 4 Color or Race 1928 (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 I last saw halive on. 6 DATE OF BIRTH (Month, day and year.) that death occurred on the date stated above at .2 184L The CAUSE OF DEATH\* was as follows: 7 AGE Days If LESS than Years Months 1 day,.....hrs OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry. duration) ... business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) ..(duration) . 18 Where was disease contracted 9 BIRTHPLACE (city or town) if not at place of death?.... (State or country) Did an operation precede death? LoDate of 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE PARENTS OF FATHER (city or town) What test confirmed diagnosis (State or country) 12 MAIDEN NAME duces OF MOTHER 28192 & Address \*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. (See reverse side for further instructions.) 13 BIRTHPLACE OF MOTHER (city or town) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant (Address) Address UNDERTAKER Registrar.

C	county ashlenaw	Separtment of StateDivision of Vital Statistics
T	ownship TRANS	CRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
v	Illage Chelsen	Hegistered No
2	FULL NAME Clegabeth Tord	n 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 Divorced (write the word	or 16 DATE OF DEATH (Month, day and year) Jany 2 1921
58	a if married, widowed, or divorced HUSBAND of (or) WIFE of Thanks Ford	THEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH (Month, day and year.) Jan 29-1846	that I last saw he alive on
-	AGE Years Months Days II LESS that I day,	The CAUSE OF DEATH* was as follows:
8	(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)yrsmosds
9	(State or country) Meddleburg Ohio	(duration) yrs. mos. ds  18 Where was disease contracted if not at place of death?
	10 NAME OF FATHER alsbaugh	Did an operation precede death?Date of
ARENTS	11 BIRTHPLACE OF FATHER (city or town) (State or country)	Was there an autopsy?  What test confirmed diagnosis?
ARE	12 MAIDEN NAME OF MOTHER unknown	(Signed) M. D. Deb 4 . 1928, Address Chelsen
100	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 Home Cidal. (See reverse side for further instructions.)
14	Informant 200 Balmer Rupe (Address) Chelsen	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  Advan Mich Ang 4192
15		20 UNDERTAKER Address

# MARGIN RESERVED FOR BINDING

County ashtenaw Township Sydran	TRANSCRI	eartment of StateDivision of	
Village Chelsen			Registered No
ENW SERVICE THE	of the state of th	hospital or institution, give its NAI	A panestrall in
Length of residence in city or town where death occurred	yrs. mos.	ds. How long in U. S., if of foreig	sident give city or town and State.) n birth? yrs. mos. ds
PERSONAL AND STATISTICAL PAR			FICATE OF DEATH
Divorc	, Married, Widowed or ced (write the word.)	16 DATE OF DEATH (Month, day and year)	Dea 20 192
5a If married, widowed, or divorced HUSBAND of	edaw	17 I HEREBY CERTIFY, TI	hat I attended deceased from
B DATE OF BIRTH (Month, day and year.) Oct 20  7 AGE Years Months Days  7 B CCUPATION OF DECEASED  (a) Trade, profession, are	1 day,hrs.	that I last saw her alive or that death occurred on the The CAUSE OF DEATH* v	date stated above a R n
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	nl	CONTRIBUTORY and	n) yrs mos d
(State or country)	Olio	18 Where was disease cont if not at place of deat	
10 NAME OF FATHER _ CL	odgett	Did an operation precede de	ath? Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country)	anacon	Was there an autopsy?	Q 81
12 MAIDEN NAME UNK	nacon	(Signed)	Chilsia Mich
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	because	*State the DISEASE CAUSING DEATH (1) MEANS AND NATURE OF INJURY, and CIDAL. (See reverse side for further instruc-	t, or in deaths from Violent Causes, sta (2) whether Accidental, Suicidal, or Hometions.)
4 Informant Sco G. Staff (Address) Children	mon'	19 PLACE OF BURIAL, CO OR REMOVAL	REMATION, Date of Buria
		7/	10.

	I PLACE OF DEATH	STATE OF MICHIGAN
C	ounty Pashtenus Des	epartment of StateDivision of Vital Statistics
С	Mage Chelsen.	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER  Hegistered No  Ward)  a hospital or institution, give is NAME instead of street and number.)
(a	) Residence. No. (Usual place of abode.) ngth 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	ds. How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH
7	SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)  All White married widowed, or divorced HUSBAND of Ellew Sources	16 DATE OF DEATH (Month, day and year) 20 1928  17 I HEREBY CERTIFY, That I attended deceased from 20 1928
6	Or) WIFE of Colon Source  DATE OF BIRTH (Month, day and year.)  AGE Years Months Days II LESS than 1 dayhrs.  ORhrs.  OR	that I last saw handlive on 30, 1926 and that death occurred on the date stated above at 4 m.  The CAUSE OF DEATH* was as follows:
8	(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) wrs. mos. ds.  CONTRIBUTORY (Secondary)
9	BIRTHPLACE (city or town)	(duration) yrs, mos. ds.  18 Where was disease contracted if not at place of death?
ARENTS	10 NAME OF FATHER John Farrell  11 BIRTHPLACE OF FATHER (city or town) Island (State or country)  12 MAIDEN NAME Margareh Duffy	Did an operation precede death?
P.	13 BIRTHPLACE OF MOTHER (city or town) fuland (state or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Indust, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
14	Informant Mrs Eller Sarrell (Address) Children Mich Filed La 2k, 1928 Maroney Registrate,	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  MY Church - Chelora Jak 1928  20 UNDERTAKER  Mapero & Langua Chelora  Chelora

I PLACE OF DEATH	STATE OF MICHIGAN
County ashtenaw De	partment of StateDivision of Vital Statistics
Township	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No.
Village Chelsen	negistered Normannia
City (No. (If death occurred in 2 FULL NAME Rohn Elden Muss	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 o Divorced (write the word.	(Month, day and year) Munary 2 1920
male white single	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	Sea 16 , 1928, to Sea 21 , 1928.
6 DATE OF BIRTH	that I last saw Hm alive on 2/, 1927 and that death occurred on the date stated above at 4.2. m.
7 AGE Years Months Days II LESS than	
5 1 day,hr ORmin.	Ceresial Hemorage
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)yrsmosds.
9 BIRTHPLACE (city ortante) (State or country) Wilson Mich	(duration)yrsmosds.  18 Where was disease contracted if not at place of death?
10 NAME OF FATHER & Ross Munra	Did an operation precede death?Date of
of I1 BIRTHPLACE OF FATHER (city or town Thelesa Thick (State or country)	Was there an autopsy?
OF FATHER (city or town) Thelew Mich (State or country)  12 MAIDEN NAME Verail Myers	Signed M. J. Signe
13 BIRTHPLACE OF MOTHER (city or town) (state or country)  Shows Said Olio	*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. (See reverse side for further instructions.)
14 Informant E. Rose Munica (Address) Ohilard Mick	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Cenetry 722 1928
15 Fileder 26, 1928 Commonly Registra	2 UNDERTAKER Address Chelsen

	I PLACE OF DEATH	STATE OF MICHIGAN
(	County Pasntensio De	epartment of StateDivision of Vital Statistics
7	TRANSC TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
1	Village Chelsen	Registered No.
	City (No. (If death occurred in Phany)	a hospital or institution, give its NAME instead of street and number.)
( L	a) Residence. No. Medic Ox. (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. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) Sea 14 1928
-	a If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIFY, That I attended deceased from , 19, 19, 19
6	DATE OF BIRTH (Month, day and year.) 25-1912-	that I last saw halive on, 19and
1000	AGE Years Months Days   If LESS than 1 dayhrs. ORmin.	that death occurred on the date stated above at g. m. The CAUSE OF DEATH* was as follows:
8	(a) Trade, profession, or particular kind of work	
4	(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	contributory less paraly paraly and
9	(State or country) Kelses Wich	(duration) Oyrs. mos. ds.  18 Where was disease contracted if not at place of death?
Ī	10 NAME OF FATHEROOM Ad Dehans	Did an operation precede death? Date of
NTS	11 BIRTHPLACE OF FATHER (city or town) (State or country)  Much	Was there an autopsy?
PARENTS	12 MAIDEN NAME Mellie Grant	(Signed) M. L Desburg M. D. M. D. Man 1 . 198, Address Chelana Med
	13 BIRTHPLACE OF MOTHER (city or town) Chelses Much (state or country)	*State the Disease Causing Drath, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, of Homicidal. (See reverse side for further instructions.)
14	Informant 6 J. Achany (Address) Chelous Mich	19 PLACE OF BURIAL, CREMATION, Date of Burial  OR REMOVAL  WHO Obesite - Cheles Mark 324,7192
15	Filed Mar 3, 1928 96 Maroning Registrat.	20 UNDERTAKER Address

### PERMANENT RECORD. BINDIN 4 K 2 0 THIS L VE X 0 UNFADING S 8 WITH MARGIN PLAINLY,

### STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics 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.) City Ward) (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 mos. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH (Month, day and year) Divorced (write the word.) 192 nale I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of that I last saw halive on. 6 DATE OF BIRTH (Month, day and year.) 3/ac 1855 that death occurred on the date stated above at I.P. 7 AGE Years Months Days If LESS than The CAUSE OF DEATH\* was as follows: 1 day,.....hrs. 13 OR min. 8 OCCUPATION OF DECEASED (a) Trade, profession, of arbentler (b) General nature of industry. business, or establishment in (duration) .....yrs....mos..... which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) ..(duration) .... ....yrs.....mos.... 9 BIRTHPLACE (city or town 18 Where was disease contracted (State or country) if not at place of death?.... 10 NAME OF FATHER Did an operation precede death?......Date of..... 11 BIRTHPLACE OF FATHER (city or town) Was there an autopsy?.. PARENTS What test confirmed diagnosis? (State or country) (Signed) WRITE 12 MAIDEN NAME OF MOTHER 1928, Address 13 BIRTHPLACE OF MOTHER (city or town) Gern \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homi-(state or country) CIDAL. (See reverse side for further instructions.) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant (Address) Much Mil Olive 15 UNDERTAKER Address Chelsea Registrar

TPLACE OF DEATH O M TO BTATE	STATE OF MICHIGAN
County atshtenaw	Department of StateDivision of Vital Statistics
Township Sylvay TRANS	CRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Pullia 74.4/	Registered No.
11/2 4/	in a hospital or listitution, give its NAME instead of street and number.)
2 FULL NAME /// Huge touse	AND THE RESERVE OF TH
(a) Residence. No	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
Herale White 5 Single, Married, Widowed Divorced (write the word	of 16 DATE OF DEATH (Month, day and year) 7 Thurway 16 h 1928
weeter	I HEREBY CERTIFY, That I attended deceased from
Ba If married, widowed, or divorced HUSBAND of (or) WIFE of	Jamay V 1928 to Much 16 1928
wire of accor staceer	that I last saw her alive on March 15, 1928 and
6 DATE OF BIRTH (Month, day and year.) Jay. 25th 1848	that death occurred on the date stated above at 330 Pm
7 AGE Years Months Days II LESS tha	
80 / 22   1 day,h	
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	BORADAR NO ROTAGO DE LA
(b) General nature of industry, business, or establishment in	duration)yrsmosds.
which employed (or employer)	and the second s
(c) Name of employer	(Secondary)
9 BIRTHPLACE (city or town) Me Comb	18 Where was disease contracted if not at piace of death?
10 NAME OF FATHER Unhow	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER  (Mulnious)	Was there an autopsy? No.
12 MAIDEN NAME	(Signed) A. G. Palmer M. D.
OF MOTHER Withword	Mar 1 6. 19 Haddress Chelsen 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. (See reverse side for further instructions.)
4 Informant Dr. Baluer	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chelela Thick	- Romes Much 3/16 1926
File March 16, 1978 SWYchick	20 UNDERTAKER Address
Registrar.	10.1. Markell Nilaca Pres

	I PLACE OF DEATH	STATE OF MICHIGAN
Co		partment of StateDivision of Vital Statistics
	ownship St TRANSCRIE	Registered No
Ci 2	FULL NAME EUP EIS 8/9	St
(a	) Residence. No.  (Usual place of abode.)  ngth of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? Oyrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) / MARC 1/3 1928
5a	If married, widowed, or divorced HUSBAND of MARTIN E158/8  DATE OF BIRTH (Month, day and year.) MARCH 18 /845  AGE Years Months Days II LESS than 1 day, hrs. OR min.	17 I HEREBY CERTIFY, That I attended deceased from MARC h 10, 1928, to MARC h 13, 1928 that I last saw he Ralive on MARC h 3, 1928 and that death occurred on the date stated above at 6.4 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  BIRTHPLACE (city or town) 6667/ANDEROPACH (State or country)	(duration)yrsmosds.  CONTRIBUTORY(Secondary)(duration)yrsmosds.  18 Where was disease contracted if not at place of death?
	10 NAME OF FATHER MICHOLOS MAYER	Date of
ARENTS	11 BIRTHPLACE OF FATHER (city or town E/SALT LOARING (State or country) FRANCE	Was there an autopsy?
PARE	12 MAIDEN NAME BARGARA	May eh 14. 1921, Address Che/SEA Mieh
-	13 BIRTHPLACE OF MOTHER (city or town) FRANCE (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 Home cidal. (See reverse side for further instructions.)
14	(Address) Ehelsen Mich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL  Che/sen Mich (Mt Olive March 192 Address  2 UNDERTAKER  Lev. P. Slappan Whelea M.

I PLACE OF DEATH	STATE OF MICHIGAN
County Masiterian Dep	partment of StateDivision of Vital Statistics
Township Sylvay TRANSCRI	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Allselle M E	Hegistered No
2 FULL NAME May hay hay	hospital or institution, give its NAME instead of street and number.)
(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 (urite the word.)	16 DATE OF DEATH (Month, day and year) April 6 1928
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Owners (MII) Surping	I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month, day and year.)	that I last saw he alive on the date stated above at 7 m.
7 AGE Years Months Days II LESS than  94 0 18 1 day,	The CAUSE OF DEATH* was as follows:
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	MARAZONG NO MOTI A 1922-09
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	contributory Sewile
9 BIRTHPLACE (city or town) Lush Monro lo (State or country)	(duration) yrs. mos. ds.  18 Where was disease contracted if not at place of death?
10 NAME OF FATHER	Did an operation precede death?
OF FATHER (city or town) Z (State or country)	Was there an autopsy?
(State or country)  12 MAIDEN NAME OF MOTHER	(Signed) . 1978, Address helse 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. (See reverse side for further instructions.)
14 Informant N. W. G. Balum Sup.	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL,
(Address) Cholica miel	tarresulte Mien 49,28
Filed April 9,1928 And Many Registrar.	20 UNDERTAKER Staffay helse Mie

ownship Siffiau TRANSCR	PRESISTER NO. L
/ 1/1/6	St. Ward)  Rospital or Institution, give its NAME instead of street and number.)
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
SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) May 6 198
marie marie	I HEREBY CERTIFY, That I attended deceased from
a If married, widowed, or divorced	January, 1928, to 190
(or) WIFE of Thanks	that I last saw h malive on many , 19 and
DATE OF BIRTH (Month, day and year.) Sept 29 - 18 07	that death occurred on the date stated above atm.
AGE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:
90 4 6 1 day,hrs	myocardita
ORmin.	
OCCUPATION OF DECEASED	V
(a) Trade, profession, or particular kind of work	
(b) General nature of industry.	Setul Yes (duration) yrs. mos. ds.
business, or establishment in which employed (or employer)	CONTRIBUTORY Alarle degenerales
(c) Name of employer	(Secondary) (duration) yrs, mos, ds,
BIRTHPLACE (city or town)	18 Where was disease contracted if not at place of death?
(State or country)	Did an operation precede death? Abate of
10 NAME OF FATHER Cup Hour	
11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
(State or country)	What test confirmed diagnosis?
OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) - 1 12 Valence & helsea, Much
OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Golden, George and for further instructions.)
4 nu Balmer	19 PLACE OF BURIAL, CREMATION, Date of Burial
Informant / Contract	Denks much. 5/8 193
(Address) Quisia, frum	2 UNDERTAKER
15 m = 1 90 VIII VIII VIII	

	I PLACE OF DEATH	STATE OF MICHIGAN
Co	unty Washinaw De	partment of StateDivision of Vital Statistics
То	wnship sylvau TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Vil	lage Opelson n 8	Am C 4 1 Registered No / 2
CI	y (No. (If death occurred in a	hospital or institution, give its NAME instead of street and number.)
2	FULL NAME Charles much	enen MAN LIUN E
(a)	Residence. No.  (Usual place of abode.) gth of residence in city or town where death occurred yrs. mos.	St., Ward.  (If non-resident give city or town and State.)
Len		de long in o. S., it of foreign birthr yrs. mos. ds.
3 6	PERSONAL AND STATISTICAL PARTICULARS SEX 4 Color or Race   5 Single, Married, Widowed or	MEDICAL CERTIFICATE OF DEATH
h	SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH (Month, day and year) May 18 1928
5a	If married, widowed, or divorced Th Q	17 I HEREBY CERTIFY, That I attended deceased from
	HUSBAND of Cor Wife of Worked	, 19,75, to 10,771, 1977
	NATE OF BIRTH Month, day and year.) July (6-185)	that I last saw hapalive on
_	GE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:
	76 10 2 1 day, hrs.	Grensin (chenus he shits)
8 (	OCCUPATION OF DECEASED	
	(a) Trade, profession, or Locomatin Engineere	
	(b) General nature of industry, business, or establishment in	(duration)yrsmosds.
	which employed (or employer) (c) Name of employer	CONTRIBUTORY Condi l'acculer pefchil
9 1	(State or country)	(duration) 2 yrs. mos. ds.  18 Where was disease contracted if not at place of death?
	10 NAME OF FATHER W wend.	Did an operation precede death? Date of
NTS	OF FATHER (city or town) (State or country)	Was there an autopsy?  What test confirmed diagnosis?
PARENTS	2 MAIDEN NAME OF MOTHER	(Signed) M. D. M. D. M. D. M. D. M. D.
	IS 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. (See reverse side for further instructions.)
14	Informant m Culnur D.D.	19 PLACE OF BURIAL, CREMATION, Date of Burial
	Address) Supt. Chelsen.	Cot year Cemetery May 19 18
15	Filed May 13, 19 18 S. S. Scheele Registrat.	20 UNDERTAKER Address Chelun
_	- U	XI.

County Lulvan TI	RANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
ownship Type Township	Registered No
/illage Wessex	StWard)
City	StWard) urred in a hospital or institution, give its NAME instead of street and number.)
EULINAME James &	, wade
TOLE NAME	Ct. Word
a) Residence. No. (Usual place of abode.)	St., Ward.  (If non-resident give city or town and State.)  mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ength of residence in city or town where death occurred yrs.  PERSONAL AND STATISTICAL PARTICULARS	THE REPORT OF STATE
SEX 4 Color or Race 5 Single, Married, W	
Divorced (write th	17
male while wedowe	I HEREBY CERTIFY, That I attended deceased from
HUSBAND of Marne Savage	10 10 may 2, 1928, to may 7, 1948
1) (	that I last saw halive on 1974, 1974 and
Month, day and year.) Cury 28-18	that death occurred on the date stated above at
AGE TOMOS TO	LESS than The CAUSE OF DEATH* was as follows:
A / : A : / G	min. Metral Insufficency
	a seemed to seem as up to seem
OCCUPATION OF DECEASED	The state of the s
(a) Trade, profession, or	- Ain
particular kind of work	Seluci
(b) General nature of industry,	(duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (Secondary)
(b) General nature of industry, business, or establishment in which employed (or employer) hary Pari	CONTRIBUTORY (Secondary) (duration) vrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (Secondary)
(b) General nature of industry, business, or establishment in which employed (or employee) (c) Name of employer Aury Pare  9 BIRTHPLACE (city or town) Hahm 2rd (State or country)	CONTRIBUTORY (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)  (State or country)  10 NAME OF FATHER	CONTRIBUTORY
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer Any Part  9 BIRTHPLACE (city or town) Shahm 2ct (State or country)  10 NAME OF FATHER	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 Any Part  9 BIRTHPLACE (city or town) Shahm 2ct (State or country)  10 NAME OF FATHER	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?
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer Any Part  9 BIRTHPLACE (city or town) Shahm 2ct (State or country)  10 NAME OF FATHER	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?  (Signed) M. D.  May/S. 19 MAddress  Address
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER	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?  (Signed) M. D.  May/S. 19 MAddress  Address
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (city or town)	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?  (Signed) M. D.
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (city or town)  (state or country)	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?  (Signed) Managed Madress  *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. (See reverse side for further instructions.)
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (city or town)	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?  (Signed) MAD MATCHE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)  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  BIRTHPLACE (city or town)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER (city or town) (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?  Was there an autopsy?  What test confirmed diagnosis?  (Signed) Managed Madress  *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. (See reverse side for further instructions.)

I PLACE OF DEATH	STATE OF MICHIGAN
County Nashtenau D	epartment of StateDivision of Vital Statistics
Township Julian TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelsee Mell	COLA Roll Small
City (No. (If death occurred in	a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Than Elle	a hospital or institution, give its NAME instead of street and number.)
(a) Residence. No	St., Ward.
Length of residence in city or town where death occurred yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS	us. 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
Demos of letter word.	16 DATE OF DEATH (Month, day and year) 17 h 198
5a if married widowed or diversed	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	, 1978, to hay , 1978
6 DATE OF BIRTH (Month, day and year.) Jan 11, 1856	that I last saw h Walive on
7 AGE Years Months Days If LESS than	
72 4 6 1 day,hr	The CAUSE OF DEATH* was as follows:
8 OCCUPATION OF DECEASED	- Central assoplety.
(a) Trade, profession, or particular kind of work	(300)
(b) General nature of industry.	(duration) yrs. mos. 5 ds.
business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY Serelity.
	(Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) fyndan Jun-	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER WARRY	Did an operation precede death?Date of
of II BIRTHPLACE OF FATHER (city or town) Washteraw (State or country)	Was there an autopsy?
(State or country)  12 MAIDEN NAME OF MOTHER  UNKNOWN	(Signed)
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (I) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)
14 Informant Mrs Balner.  (Address) Chelser. Mech.	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
Filed May 3, 1928 & wochenk. Registrar.	20 UNDERTAKER langel Address hux

### PERMANENT RECORD. BINDING 4 OR THIS 田 0 UNFADING (II) S Ш M WITH MARGIN PLAINLY,

### STATE OF MICHIGAN I PLACE OF DEATH Department of State--Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTE Township. Registered No. Village. Ward) City 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 mos. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH (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 (or) WIFE of that I last saw h. Malive 6 DATE OF BIRTH (Month, day and year.) that death occurred on the date stated above 7 AGE Years Months Days II LESS than The CAUSE OF DEATH\* was as follows: 1 day,....hrs OR. min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry. duration) business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) .... 9 BIRTHPLACE (city or town) 18 Where was disease contracted (State or country) if not at place of death?.. Date of. 10 NAME OF FATHER Did an operation precede death?. Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) PARENTS What test confirmed diagnosis? (State or country) 12 MAIDEN NAME OF MOTHER . 19 Address 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 Accidental, Suicidal, or Homi-CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant (Address) 15 Address UNDERTAKER Registrar.

I PLACE OF DEATH	STATE OF MICHIGAN
County Washleraw De	epartment of StateDivision of Vital Statistics
Township Aulvan TRANSC	BIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chekea	Registered No/6
City (If death occurred in	un f. St. Ward)
(If death occurred in	a hospital or Institution, give its NAME instead of street and number.)
2 FULL NAME THE	ALL SHARE SHIPE I
(a) Residence. No (Usual place of abode.)  Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S. if of foreign high?
PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF DEATH
Tembe whele widowed	17 I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	5/9 1925 to 27/3 1928
6 DATE OF BIRTH	that I last saw had alive on 3, 1928, and
(Month, day and year.)	that death occurred on the date stated above at
7 AGE Years Months Days II LESS than	The CAUSE OF DEATH* was as follows:
ORmin.	Cardio Vas Erlar Vinas Stack
8 OCCUPATION OF DECEASED	Serile Dementia
(a) Trade, profession, or Housewife	
(b) General nature of industry, business, or establishment in	ds.
which employed (or employer) (c) Name of employer  (daughtu	CONTRIBUTORY (Secondary)
9 BIRTHPLACE (city or town)	(duration)yrsmosds.
(State or country) Hermany	if not at place of death?
10 NAME OF FATHER	Did an operation precede death?
of FATHER (city or town) (State or country)	Was there an autopsy?
	(Signed) Audus Lulde M. D.
12 MAIDEN NAME OF MOTHER	My H. 19 26, Address Chelsea
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. (See reverse side for further instructions.)
14 Informant Louis Winans.	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address) Chelses, Mein .	OFun Cem Chelsea Man Mangers
15 Filed May 3/, 1928 S. W. Schenk	20 UNDERTAKER Address
Registrar.	secon or fan - reiser

I PLACE OF DEATH	STATE OF MICHIGAN
County Washleraw Der	partment of StateDivision of Vital Statistics
County Land Market Transcr	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Township 590000	
Village Chelsea	De Real Home
(No. Mech	Ward)
City (If death occurred in a	l L
2 FULL NAME Tearle Te	year 1144
(a) Residence. No.	St., Ward. (If non-resident give city or town and State.)
(a) Residence. No.  (Usual place of abode,)  Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	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) Than 3/8/ 1928
Amale while wedered	17 I HEREBY CERTIFY, That Lattended deceased from
	man 24 1028 to mas 3/ 1928
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	10 10 10 10 10 10 10 10 10 10 10 10 10 1
6 DATE OF BIRTH (Month, day and year.) 14-1849	that I last saw he alive on he date stated above at 19. m.
	The CAUSE OF DEATH* was as follows:
7 AGE Years Months Days If LESS than 1 dayhrs.	
ORmin.	John San Carlotte
8 OCCUPATION OF DECEASED	
(a) Trade, profession, or Auseulle	-
(b) General nature of industry.	(duration) yrs. mos. 7 ds.
business, or establishment in which employed (or employer)	CONTRIBUTORY uffuence
(c) Name of employer	(Secondary)
9 BIRTHPLACE (city or town)	(duration) yrs, mos, ds.  18 Where was disease contracted  if not at place of death?
(State or country)	Did an operation precede death? Date of
10 NAME OF FATHER When	- 1
9 11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER	What test confirmed diagnosis? M. D.
12 MAIDEN NAME OF MOTHER	(Signed)
	, 19 , Address Causes Day or in deaths from Violent Causes, state
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 ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)
(state or country)	
14 Informant Nu Balney -	OR REMOVAL
(Address) Chelsea Meth.	1 Stochbudgo new . 6/ de 19
15 le ne V 28 Ily Though	2 UNDERTAKER Address
Filed 1970 Registrar.	Maker Markell Chelies
	New

I PLACE OF DEATH	STATE OF MICHIGAN
County Wash lessen De	partment of StateDivision of Vital Statistics
Township follows TRANSCE	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village United	VI Age IV
2 FULL NAME / Deulaly luck	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 (urite the word.)	16 DATE OF DEATH (Month, day and year) May // 1928
The surge	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	March 1978, to May 11, 1978
6 DATE OF BIRTH Gulla 6 -1901	that I last saw h. Malive on
7 AGE Years Months Days II LESS than	The CAUSE OF DEATH* was as follows:
26 11 5 1 day	Tutercule Meningdis
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	(duration) yrs mos / Vds
business, or establishment in the local connection which employed (or employer)  (c) Name of employer	CONTRIBUTORY (Secondary)
9 BIRTHPLACE (city or town) pieces Township (State or country)	(duration)yrsmosds.  18 Where was disease contracted if not at place of death?
10 NAME OF FATHER Otto D. Linch	Did an operation precede death?Date of
of 11 BIRTHPLACE OF FATHER (city or township) (State or country)	Was there an autopsy?  What test confirmed diagnosis Menopia of Spinial
OF FATHER (city or townshing (State or country)  12 MAIDEN NAME May Wood OF MOTHER  OF MOTHER  OF MOTHER	(Signed) 12. M. D. May 1 2 19 28 Address Phelica Miel
13 BIRTHPLACE OF MOTHER (city or town furing Jourshi) (state or country) Wash Co Mich	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Indust, and (2) whether Accidental, Suicidal, or Homioidal. (See reverse side for further instructions.)
14 Informant O. W. Luck	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
15 Comments of Marian	20 UNDERTAKER Leleghay 131928
Filed June 2,1928 Mod Meets. Registrar.	Slo P Dloffor Spelses Thick

### RECORD PERMANENT BINDIN $\alpha$ 0 L 0 E 0 UNFADIN [I] 5 (L) 8 FIM PLAINLY, WRITE

### STATE OF MICHIGAN fort one on June I PLACE OF DEATH Department of State--Division of Vital Statistics INSCRIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER Township Registered No Village. Ward) (No. (If death occurred in a hospital of institution, give its NAME instead of street and number.) City (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? yrs. yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 Single, Married, Widowed or 16 DATE OF DEATH (Month, day and year) 4 Color or Race 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 (Month, day and year,) that death occurred on the date stated above at 7 AGE Years Months Days If LESS than AUSE OF DEATH\* was as follows: 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) CONTRIBUTORY (c) Name of employer (Secondary) (duration) .... 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 Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) ENTS What test confirmed diagnosts? (State or country) (Signed) AR 12 MAIDEN NAME OF MOTHER . 19 Address \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13 BIRTHPLACE (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homi-OF MOTHER (city or town CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Informant (Address) UNDERTAKER Address

### MARGIN RESERVED FOR BINDING Form 93a-4-18-1000 Books-100 pages.

County Washings De	STATE OF MICHIGAN epartment of StateDivision of Vital Statistics
Township TRANSCI	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Hegistered No
City (No. (If death occurred in 2 FULL NAME Clarence G. R	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
SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)	
a If married, widowed, or divorced HUSBAND of (or) WIFE of  DATE OF BIRTH (Month, day and year.)  AGE Years Months Days II LESS than 1 dayhrs. ORmin.	that I last saw h malive on the date stated above at 10 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. ds.
BIRTHPLACE (city or town) Muchical	(duration)yrsmosds.  18 Where was disease contracted   if not at place of death?
10 NAME OF FATHER LED. Rows.	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country)	Was there an autopsy? What test confirmed diagnosis?
12 MAIDEN NAME adeline Finel	(Signed) M. D.
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. (See reverse side for further instructions.)
Informant Hyd KWE: (Address) Chelsew. Much:	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Cemeling July 31928
Filed July 3, 194 S.W. Scheul Registrar.	20 UNDERTAKER Plankell Chelsen

## MARGIN RESERVED FOR BINDING

Form 93a-4-18-1000 Books-100 pages.

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

	I PLACE OF DEATH	STATE OF M	STATE OF MICHIGAN
С	ounty bastlenan	De De	Department of StateDivision of Vital Statistics
т	ownship Lylinau	TRANSCI	CRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
	0010		Registered No21
V	illage lillie		
	FULL NAME MAUS	(If death occurred in	n a hospital or institution, give its NAME instead of street and number.)
(8	(Usual place of abode.)	- Alex 118	St., Ward.
Le	ngth of residence in city or town where death	occurred yrs. mos.	(If non-resident give city or town and State)
	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 Color or Race	5 Single, Married, Widowed or Divorced (write the word.)	of 16 DATE OF DEATH (Month, day and year) July 13 192
5:	Male While	Sugle	17 I HEREBY CERTIFY, That I attended deceased from
	HUSBAND of (or) WIFE of	ed	, 19, to, 19
6	DATE OF BIRTH (Month, day and year.)	110 100	that I last saw halive on
_	AGE Years Months	Days If LESS than	that death occurred on the date stated above at L. A.m
•	./0	Days If LESS than	irs. The choose of BEATH was as follows:
	48 2	/7 ORmin.	found hanging in sun house
8	OCCUPATION OF DECEASED		had Carreed of Olomach
	(a) Trade, profession, or particular kind of work	101/1 Common	Mentally mutalined
	(b) General nature of industry.		(d) Departs across at security (d)
	which employed (or employer)	Labor	(duration)yrsmosds
71	(c) Name of employer		(Secondary) Ho manual necessary (duration) yrs. mos. ds
9	(State or country)	ulsen mich	(duration) yrs. mos. ds  18 Where was disease contracted if not at place of death?
	10 NAME OF FATHER ALL	oust dullo	Did an operation precede death?Date of
0	11 BIRTHPLACE OF FATHER (city or town)	2 / 2	Was there an autopsy?
Z	(State or country)	seu German	What test confirmed diagnosis?
PAKENIS	12 MAIDEN NAME POL	- Prairie	(Signed) + Brooks & Packing Course M. D.
-	13 BIRTHPLACE OF MOTHER (city or town) (state or country)	Essey Germany	*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. (See reverse side for further instructions.)
14	Informant Roll Zul	LETS TO HAND TO	19 PLACE OF BURIAL, CREMATION, Date of Burial
	(Address) Chelsey /	nich	met Olivet Chelsea mich Jaly 1619 2
15	Filed aug 4, 198	AWALLAS Registrar.	2 UNDERTAKER Addréss

County Task	man	Dep	STATE OF MICHIGAN spartment of StateDivision of Vital Statistics
Township Syl	van,	TRANSCR	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER  Registered No
City 2 FULL NAME	Peter	o. If death occurred in a	a hospital or institution, give its NAME instead of street and number.
(a) Residence. No (Usual place of abo Length of residence in city or to	de.) wn 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 PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 Colo		o, Married, Widowed or ced (write the word.)	
5a If married, widowe HUSBAND of (or) WIFE of	d, or divorced	ingle	HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month, day and year.).	Arn si	10111	that I last saw halive on 1921s
7 AGE Years	Months Days	If LESS than 1 dayhrs. ORmin.	that death occurred on the date stated above at
8 OCCUPATION OF  (a) Trade, profession, or particular kind of work  (b) General nature of ind business, or establishme	Bardy	el	(duration)yrsmos
which employed (or emp (c) Name of employer	loyer) W T	YM	CONTRIBUTORY Clauser Line of
9 BIRTHPLACE (city (State or country)	or town)	den	18 Where was disease contracted if not at place of death?
10 NAME OF FAT	HER Not 1	Za a was	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (cit (State or country	y or town)	top an exect and	Was there an autopsy?
OF FATHER (cit (State or country 12 MAIDEN NAME OF MOTHER		• • •	(Signed) . 19 , Address
13 BIRTHPLACE OF MOTHER (c (state or country		mand of the state of	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, at (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Hicidal. (See reverse side for further instructions.)
Informant (Address)	of Bal	rea mo	19 PLACE OF BURIAL, CREMATION, Date of Buri OR REMOVAL Children July 3/15
Filed Lung 4.	19 48	Registrar.	20 UNDERTAKER Address Address Chelse

### B 2 0 L 8 [1] S L 8

### RECORD. PERMANENT 2 X 0 UNFADIN E PLAINLY, WRITE

### I PLACE OF DEATH STATE OF MICHIGAN Department of State--Division of Vital Statistics County OF CERTIFICATE OF DEATH-LOCAL REGISTER Township. Registered No .. Village City (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. Length of residence in city or town where death occurred How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 Color or Race 5 Single, Married, Widowed or 16 DATE OF DEATH Divorced (write the word.) (Month, day and year) 17 malo I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of that I last saw ha 6 DATE OF BIRTH (Month, day and year.) that death occurred on the date stated above at 7 AGE Years Months Days If LESS than The CAUSE OF DEATH\* was as follows: 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) CONTRIBUTORY (c) Name of employer (Secondary) ,18 Where was disease contracted 9 BIRTHPLACE (city or town) (State or country) if not at place of death?.. 10 NAME OF FATHER Date of Did an operation precede death?..... Was there an autopsy?... 11 BIRTHPLACE OF FATHER (city or town) ARENTS (State or country) What test confirmed diagnosis? 12 MAIDEN NAME OF MOTHER . Address 13 BIRTHPLACE \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state OF MOTHER (city or town) (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homi-CIDAL. (See reverse side for further instructions.) (state or country) 19 PLACE OF BURIAL, CREMATION Informant OR REMOVAL (Address) UNDERTAKER Address Filed aug 41970 Registrar.

I PLACE OF DEATH	STATE OF MICHIGAN
County Mashlewaw D	epartment of StateDivision of Vital Statistics
Township Julyan TRANSC	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
01.0	. Registered No. 24
Village Que (Village	as the tel
City (If death occurred in	a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Saby NICHA	US
(a) Residence. No.	St., Ward.
(Usual place of abode.) Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed of Divorced (write the word.	
prema while chifaut	17 I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced	Luc 1328.
HUSBAND of (or) WiFE of	that I last saw he alive on 19 and
6 DATE OF BIRTH (Month, day and year.) 49-13-19-28	that death occurred on the date stated above at 7:10 h.
7 AGE Years Months Days II LESS than	The CAUSE OF DEATH* was as follows:
1 day,hn ORmin,	Perebial Hemmhape
8 OCCUPATION OF DECEASED	3
(a) Trade, profession, or \( \sum_{\text{(a)}} \)	8 OCCUPATION OF DEGRASED
(b) General nature of industry.	5 / 1
business, or establishment in which employed (or employer)	duration) yrs. mos. ds.
(c) Name of employer	CONTRIBUTORY (Secondary)
9 BIRTHPLACE (city or town)	(duration) yrs. mos. ds.
10 NAME OF FATHER	If not at place of death?
The section	Did an operation precede death?
of Stather (city or town)	Was there an autopsy?
OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	(Signed) M. D.
of Mother Ruth James	and 14.19 TAddress Chelsea Thick
13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes state
country) ausing With	(1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
1 M. aul Nichaus	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
J Chelsey Miss	11 1 Gran o Wales + 10 - 00
15 File J 25928 Justehule	20 UNDERTAKER Address
Registrar.	Makes & Rauball miles

I PLACE OF DEATH,	STATE OF MICHIGAN
County Wishlellaw De	spartment of StateDivision of Vital Statistics
Township Jy Way TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
Village Chelse 9	Registered No. 25
,	St. Ward)
City(If death occurred in	St. Ward) a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME MANY - Space.	The state of the s
(a) Residence. No. (Usual place of abode.)	St., Ward. (If non-resident give city or town and State.)
Length of residence in city of town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 Color or Race 5 Single, Married, Widowed or	MEDICAL CERTIFICATE OF DEATH
Divorced (write the word.	(Month, day and year) My 13
Maried Married	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	190, to 019 13, 197
DATE OF RIPTH M	that I last saw hadalive on aug 13, 19 Land
(Month, day and year.)  7 AGE Years Months Days   If I FSS than	that death occurred on the date stated above at 2 Pm
AGE Years Months Days II LESS than	The state of the s
6/ 0 1/h ORmin,	come vinighang arguing
OCCUPATION OF DECEASED	Caromic anositis, Diferien
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in	(duration)yrsmosds
which employed (or employer)	CONTRIBUTORY
BIRTHPLACE (city or town)	(Secondary) (duration) yrs. mos. ds
(State or country) Welling	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER alens Frant	Did an operation precede death? Date of
11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
(State or country)	What test confirmed diagnosis?
OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) M. D. M. D.
13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
OF MOTHER (city or town)	(1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
Informant Mas 9, Trante	19 PLACE OF BURIAL, CREMATION, Date of Burial
(Address)	166 6 Olike M Cun 114
5 Bu 10 00 MM	2 UNDERTAKER Address
Filed Registrar.	Jes. PSlaffay Childen II

I PLACE OF DEATH	STATE OF MICHIGAN
County Washteraw D	epartment of StateDivision of Vital Statistics
Township Dylway TRANSC	RIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
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 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 on Divorced (urite the word.  5 a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Mr. Acau	17 LHEREBY CERTIFY, That I attended deceased from aug 23, 1978, to lug 23, 1978
6 DATE OF BIRTH (Month, day and year. April 11/868  7 AGE Years Months Days II LESS than 1 dayhrs. OR	The state of the s
(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.
9 BIRTHPLACE (city or town) Caucada	(duration) yrs, mos. ds.  18 Where was disease contracted  if not at place of death?
10 NAME OF FATHER AM Arounda	Did an operation precede death? Lo Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	Was there an autopsy?
12 MAIDEN NAME June Cartes	Signed 198, Address Chelsea Meh
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, of Homicidal. (See reverse side for further instructions.)
14 Informant Silvert Woods.  (Address) Walford Language	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL Author Causes 19
Filed aug 78, 1978 All Albung Registrar.	20 UNDERTAKER Address Chelsea

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK

I PLACE OF DEATH	STATE OF MICHIGAN
County Manuelle De	epartment of StateDivision of Vital Statistics
Township Selvan TRANSC	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village	Registered No. 27
City (No.	a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Jaules William	a mospital or institution, give its NAME instead of street and number.)
(a) Residence. No.  (Usual place of abode.)	St Ward
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
Male White 5 Single, Married, Widowed or Divorced (write the word.)	16 DATE OF BRANK
5a If married, widowed, or divorced	I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month, day and year.)	that I last saw h alive on 19 and
7 AGE Years Months Days II LESS than 1 day, hrs.	that death occurred on the date stated above at
ORmin.	Meneria of welstrees
8 OCCUPATION OF DECEASED  (a) Trade, profession, or	0
particular kind of work  (b) General nature of industry,	
business, or establishment in which employed (or employer) (c) Name of employer	(duration)yrsmosds.  CONTRIBUTORY(Secondary)
9 BIRTHPLACE (city or town) (State or country)	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER Johns	Did an operation precede death?
11 BIRTHPLACE OF FATHER (city or town) Sugland (State or country)	Was there an autopsy?
(State or country)  12 MAIDEN NAME Margard a Bongle	(Signed) H. F. Control & P. aclus D.
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 Accidental, Suicidal, or Homi-
4 (state or country) of the country	tiber reverse side for further instructions.)
(Address) 239 / 55	19 PLACE OF BURIAL, CREMATION, Date of Burial
5 Mestile - a Missell	2 UNDERTAKER Address Address
Filed T, 19 8 Registrar.	Su Auffan Address

	I PLACE OF DEATH	STATEO	STATE OF MICHIGAN
C	ounty Washlewan	De	partment of StateDivision of Vital Statistics
Т	ownship Sylvay	TRANSCR	IPT OF CERTIFICATE OF DEATH—LOCAL REGISTER
V	illage Chelsey		Registered No.
2	FULL NAME Aling	(If death occurred in	hospital or institution, give its NAME instead of street and number.)
(a	a) Residence. No	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 PAI	ARCHITECTURE CONTRACTOR CONTRACTO	MEDICAL CERTIFICATE OF DEATH
3	1 0 0 Divot	te, Married, Widowed or reed (write the word.)	16 DATE OF DEATH (Month, day and year) Seff, 27 1928
	HUSBAND of COP WIFE of	P. Sibley	Sept 18- 1928 to Sept. 22 nd, 1928
6	DATE OF BIRTH (Month, day and year)	1864	that I last saw hallive on the date stated above at
7	AGE Years Months Day	s If LESS than	The CAUSE OF DEATH* was as follows:
	64 1	I day,hrs. ORmin.	acute Kaermongoe pancrealitis
8	OCCUPATION OF DECEASED		//
	(a) Trade, profession, or particular kind of work	infe	
	(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	иноговитиоз	(duration) yrs. mos. 7 ds.
9	BIRTHPLACE (city or town) Mile (State or country)	ch	(duration)yrsmosds.  18 Where was disease contracted if not at place of death?
	10 NAME OF FATHERNILO M	Beldwin	Did an operation precede death?Date of
NTS	11 BIRTHPLACE OF FATHER (city or town) (State or country)	mont	Was there an autopsy?  What test confirmed diagnosis?
PARENTS	12 MAIDEN NAME Armille	Freue	(Signed) S. B. Ozuch M. D.
	13 BIRTHPLACE OF MOTHER (city or town) (state or country)	word	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Indust, and (2) whether Accidental, Suicidal, of Homicidal. (See reverse side for further instructions.)
14	Informant Wiseph De	ibley	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
15		Allen & Registrar.	20 UNDERTAKER Chell Chelien

I PLACE OF DEATH	STATE	STATE OF MICHIGAN
County Mushleway	De	partment of StateDivision of Vital Statistics
Township Sylvay	TRANSCE	RIPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chekeg		Registered No. 29
2 FULL NAME OSOPH	(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	yrs, mos,	St., Ward. (If non-resident give city or town and State.)
PERSONAL AND STATISTICAL PA	1101-2	tow long in o. s., ir or roreign birthr yrs. mos. ds.
3 SEX 4 Color or Race 5 Sing	e, Married, Widowed or reed (write the word.)	16 DATE OF DEATH (Month, day and year)
Ga If married, widowed, or divorced HUSBAND of (or) WIFE	7 I day bee	The CAUSE OF DEATH* was as follows:  May My Manuel My Cardels  Contributory  Contribut
BIRTHPLACE (city or town) Mich	esau	(duration) yrs. mos. ds.  18 Where was disease contracted if not at place of death?
11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME Marce / Bualle		Did an operation precede death? Date of Was there an autopsy? O. What test confirmed diagnosis? Office (Signed) Office of Grand Date of Date o
13 BIRTHPLACE OF MOTHER (city or town) (state or country)	deffhie.	*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. (See reverse side for further instructions.)
(Address) Chebra	nich	19 PLACE OF BURIAL, CREMATION, Date of Burial OR REMOVAL
Filed 9-76, 128 600	Jehner Registrat.	2 UNDERTAKER Hawhelf Chelsea

LPLACE OF DEATH	STATE OF MICHIGAN
County / Department of StateDivision of Vital Statistics	
Township Sylvay 1 TRANSCR	IPT OF CERTIFICATE OF DEATH-LOCAL REGISTER
Village Chelsey	Registered No.
City St. Ward)  2 FULL NAME Aber augowate.	
(a) Residence. No.  (Usual place of abode.)  Length of residence in city or town where death occurred yrs ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale white Single harried, Widowed or Divariet the word.	16 DATE OF DEATH (Month, day and year)  17 I HEREBY CERTIFY, That attended deceased from
5a If married, widowed, or diverted HUSBAND of (or) WIFE of	, 19, to
6 DATE OF BIRTH (Month, day and year.) 408	that I last saw h alive on 19 and that death occurred on the date stated above at 145m.
7 AGE Years Months Days littess hap day	The CAUSE OF DEATH * was as follows:
8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	mole Fort of Chelsey
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  (d) Name of employer	(duration)yrsmosds.
9 BIRTHPLACE (city or town Ostrot Mich	(duration)yrsmosds.  18 Where was disease contracted  if not at place of death?
10 NAME OF FATHER WM Hangowski	Did an operation precede death?Date of
11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER	Was there an autopsy?  What test confirmed diagnosis?
12 MAIDEN NAME The abold Hound	(Signed) To Will J. Madrey Commer, M. D.
13 BIRTHPLACE OF MOTHER (city or town with the city of town (state or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Induit, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)
14 Informant legstelly face gowsky (Address) Delice M	19 PLACE OF BURIAL, CREMATION, Date of Burial
Filed 9 - 761928 OWH heels	Olo Hoffay helseeth.

### Extracts from Public Act No. 217 of 1897 (Compiled Laws of 1897, Secs. 4614-4620).

AN ACT to provide for the registration of deaths in Michigan and requiring certificates of death.

Section 1. The People of the State of Michigan enact, That the body of no person whose death occurs in the State shall be interred, deposited in a vault or tomb or otherwise disposed of, or removed from the township, village or city in which the death occurred, until a permit for burial or removal shall have been properly issued by the clerk of the township, village or city in which the death occurs, who shall be the registrar of deaths.

Sec. 2. Whenever any person shall die, the undertaker, householder, relative, friend, manager of institution, sexton or other person superintending the burial of said deceased person, shall cause a certificate of death to be filled out with all the personal and family particulars required in section three of this act, and attested by the signature of a relative or some competent person acquainted with the facts. The physician who attended the deceased person during his last illness shall fill out the medical certificate of cause of death. which death certificate shall be delivered to the registrar within, the time designated, if any, by the local board of health. In case of death without the attendance of a physician, or if it shall appear probable that the deceased person came to his death by unlawful or suspicious means, then the registrar shall refer the certificate to the health officer or coroner for immediate investigation and report prior to issuing the permit: Provided, That when the health officer is not a physician, and only in such case, the registrar is authorized to insert the facts relating to the cause of death from statements of relatives or other competent testimony. Upon the presentation of a certificate of death properly filled out and signed, the registrar shall issue a permit for the burial or removal of the body, and shall immediately record the death in the register of deaths, numbering all certificates consecutively in the order in which they are received, beginning with number 1 for the first death that occurs in each year. In deaths from dangerous communicable diseases, burial or removal permits shall be granted by the registrar only in accordance with the rules of the local board of health and of the State Board of Health relating thereto. The sexton or other person having charge of the interment or final disposition of the body shall retain the burial permit when presented to him by the undertaker. Provided, That when a body is shipped the removal permit shall be presented by the undertaker or other person shipping the same to the agent of the transportation company, and shall be attached by him, with the transit permit, to the box containing the body, to accompany the same to destination, and no transit permit shall be issued or received by any transportation company for the shipment of a body unless accompanied by the registrar's removal permit.

SEC. 4. Registers of death shall be supplied by the Secretary of State to registrars for recording certificates of death, together with all blanks required for the execution of this act. On the fourth day of each month the registrar of each township, village and city shall promptly transmit to the Secretary of State, in an official envelope provided by the State, and stamped with one full letter stamp, all the certificates of death filed in his office during the preceding calendar month, with a statement of the number of deaths so reported. If no deaths occurred, he shall make a return to that effect upon a postal card blank.

Sec. 6. Any official failing or refusing to perform his duty under this act, or any undertaker violating any of its provisions, shall upon conviction thereof, be deemed guilty of a misdemeanor, and shall be punished by a fine of not less than five dollars and not exceeding one hundred dollars, or be imprisoned in the county jail not exceeding thirty days, or suffer both fine and imprisonment at the discretion of the court. Local registrars shall see that the provisions of this act are enforced in their jurisdictions; the Secretary of State shall be charged with the general execution of the law and shall have supervisory power over registrars, to the end that this act shall be uniformly and effectually executed throughout the State. Prosecuting attorneys shall, upon the request of a local registrar, or of the Secretary of State, assist in the enforcement of the provisions of this act.

Copies of the Registration Law will be Supplied by the Secretary of State on application.