

# STATE OF MICHIGAN.

Department of State—Division of Vital Statistics

## REGISTER OF DEATHS.

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

*Village*  
(Township, Village or City.)

of

*Chelsea*

County of

*Washtenaw*

From

*October 24*

, 19*25*


to


*September 22*

19*28*

### **PRESERVE WITH CARE.**

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

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

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



MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>32</u>	
City _____		(No. _____ St. _____ Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Joseph W. Heber</u> ( <u>or Heber</u> )			
(a) Residence, No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred <u>75</u> yrs. _____ mos. _____ ds.		How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Widowed</u>	
5a If married, widowed, or divorced HUSBAND of <u>Elizabeth Lindenberg Heber</u> (or) WIFE of _____			
6 DATE OF BIRTH (Month, day and year.) <u>Sept 11-1850</u>			
7 AGE	Years <u>75</u>	Months <u>1</u>	Days <u>14</u>
	If LESS than 1 day, _____ hrs. OR _____ min.		
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Farmer</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired 10 yrs.</u>			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) (State or country) <u>Sylvan Township Mich</u>			
10 NAME OF FATHER <u>Sumner Heber</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Germany</u>			
12 MAIDEN NAME OF MOTHER <u>Genevieve Hansen</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Germany</u>			
14 Informant <u>Stella Schulte</u> (Address) <u>Chelsea Mich</u>			
15 Filed <u>Oct 31</u> , 1925 <u>Chas. J. O'Connor</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Oct 24</u> 1925			
17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 15</u> , 1925, to <u>Oct 24</u> , 1925			
that I last saw him alive on <u>Oct 24</u> , 1925 and that death occurred on the date stated above at <u>4 P.</u> m.			
The CAUSE OF DEATH* was as follows: <u>Carcinoma of Stomach</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>J. B. Buel</u> M. D.			
<u>Oct 30</u> , 1925, Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial <u>Oct 27</u> 1925			
<u>McAlister - Chelsea Mich</u>			
20 UNDERTAKER Address <u>Bro P. Stefan</u> <u>Chelsea Mich</u>			



I PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 33(No. Old Peoples Home St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Samuel S. Jones(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of unknown6 DATE OF BIRTH (Month, day and year.) Feb 22 18337 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
92 8 21

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Mrs. Isaac Brasius  
(Address) Chelsea Mich.15 Filed Nov 16, 1925 P. Maroney  
Registrar.16 DATE OF DEATH (Month, day and year) Nov-13 192517 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1925, to Nov 13, 1925, that I last saw him alive on Nov 13, 1925 and that death occurred on the date stated above at 2 P m.

The CAUSE OF DEATH\* was as follows:

Fractured hip

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## CONTRIBUTORY

(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Geo H Palmer M. D.  
Nov 16, 1925, Address Chelsea Mich

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

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

Old Peoples Home Nov 17 1925

20 UNDERTAKER Address

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



MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>36</u>	
City _____		(No. _____ St. _____ Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Michael J. Noyes</u>			
(a) Residence. No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?	
yrs.	mos.	ds.	yrs. mos. ds.
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>not given</u>			
6 DATE OF BIRTH (Month, day and year) <u>May 23rd 1839</u>			
7 AGE	Years	Months	Days
	<u>86</u>	<u>5</u>	<u>20</u>
If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work. <u>Retired</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) (State or country) <u>Michigan</u>			
10 NAME OF FATHER <u>David W. Noyes</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>New Hampshire</u>			
12 MAIDEN NAME OF MOTHER <u>Unknown</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Unknown</u>			
14 Informant <u>Mrs. M. J. Noyes</u>			
(Address) <u>Chelsea</u>			
15 Filed <u>Nov. 7, 1925</u> <u>H. Maroney</u> Registrar			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>November 13 1925</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>May 10, 1919</u> , to <u>Nov 13, 1925</u> , that I last saw him alive on <u>Nov 13, 1925</u> and that death occurred on the date stated above at <u>11 P.m.</u>			
The CAUSE OF DEATH* was as follows:			
<u>Chronic Interstitial Nephritis</u>			
<u>Quodernal Ulcer</u>			
<u>Edema of Lungs</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>H. Bush</u> M. D.			
<u>Nov 15, 1925</u> , Address <u>Chelsea</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove - Chelsea</u>			
Date of Burial <u>Nov 16 1925</u>			
2 UNDERTAKER <u>J. A. Noyes</u>			
Address <u>Chelsea</u>			



## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

PLACE OF DEATH  
County Washtenaw  
Township Sylvan  
Village Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 35

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

2 FULL NAME Edward J. O'Reilly

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

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year.) Nov 4 1904

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
21 - 16

## 8 OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) none  
(c) Name of employer

9 BIRTHPLACE (city or town) Penn Philadelphia  
(State or country)

10 NAME OF FATHER Edward O'Reilly

11 BIRTHPLACE OF FATHER (city or town) Penn.  
(State or country)

12 MAIDEN NAME OF MOTHER Anna Ellen

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

14 Informant E. J. O'Reilly  
(Address) Chelsea Mich.

15 Filed Dec 2 1925 Emerson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 19 1925, to Nov 20 1925,

that I last saw him alive on Nov 20 1925 and

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

The CAUSE OF DEATH\* was as follows:

Epilepsy

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) \_\_\_\_\_ yrs. mos. ds.

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

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Hodge M. D.  
Nov 21 1925 Address Chelsea Mich.

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

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

St. Charles - Chelsea Nov 25 1925

20 UNDERTAKER Address Geo. P. Stoffer Chelsea

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



MARGIN RESERVED FOR BINDING

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## 1 PLACE OF DEATH

County Washtenaw  
 Township Sylvan  
 Village Chelsea

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 36

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

2 FULL NAME Mary A Pierce

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Single

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

6 DATE OF BIRTH (Month, day and year) October 4 - 1869

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
76 1 10

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nursekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) in own house  
 (c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Sylvan Twp, Mich10 NAME OF FATHER Heram Pierce11 BIRTHPLACE OF FATHER (city or town) (State or country) N.J.12 MAIDEN NAME OF MOTHER Catherine Cassidy13 BIRTHPLACE OF MOTHER (city or town) (state or country) N.J.

14 Informant Alma Pierce  
 (Address) Chelsea Mich

15 Filed Dec 3, 1925 H. M. Munn  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1925, to Nov 18, 1925, that I last saw her alive on Nov 18, 1925, and that death occurred on the date stated above at 4 P.m.

The CAUSE OF DEATH\* was as follows:

Mitral Insufficiency(duration) 1 yrs. 10 mos. \_\_\_\_\_ ds.CONTRIBUTORY Cerebral Degeneration (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? No. Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. B. Bush M. D.Nov 28, 1925; Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove - Chelsea

Date of Burial

Nov 21 1925

2 UNDERTAKER

Geo J. Stoffan

Address

Chelsea



## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

PLACE OF DEATH

County NasaterawTownship SylvanVillage Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 37City Chelsea (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Elizabeth Hummel Edw.(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Married16 DATE OF DEATH (Month, day and year) Sept. 15 19245a If married, widowed, or divorced HUSBAND of George Edw. (or) WIFE of17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924, to Sept 14, 1924, that I last saw her alive on Sept 14, 1924 and that death occurred on the date stated above at 29 m.6 DATE OF BIRTH (Month, day and year) March 25-1860

The CAUSE OF DEATH\* was as follows:

7 AGE Years Months Days If LESS than 1 day, hrs. OR min. 64 5 20Cerebral apoplexy  
(Instant Death)

## 8 OCCUPATION OF DECEASED

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

(duration) yrs. mos. ds.

CONTRIBUTORY Cholesterol hypertension (Secondary)

(duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) (State or country) Cook Co Ill.

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

10 NAME OF FATHER Jacob HummelDid an operation precede death? no Date of \_\_\_\_\_11 BIRTHPLACE OF FATHER (city or town) (State or country) Albion LorraineWas there an autopsy? noWhat test confirmed diagnosis? Physician Exam12 MAIDEN NAME OF MOTHER Elizabeth Urban(Signed) a a Palmer M. D.Sept 5, 1925, Address Chelsea13 BIRTHPLACE OF MOTHER (city or town) (state or country) Albion Lorraine

\*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 Jacob Hummel Jr (Address) Chelsea Mich19 PLACE OF BURIAL, CREMATION, OR REMOVAL St Church - Chelsea Date of Burial Sept 18 192515 Filed Dec 7, 1925 Registrar Tomareng20 UNDERTAKER Geo P. Staffan Address ChelseaMARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.



MARGIN RESERVED FOR BINDING

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

## 1 PLACE OF DEATH

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 38(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME ORTWIN HENRY SCHMIDT.(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race, White 5 Single, Married, Widowed or Divorced (write the word.) Married.5a If married, widowed, or divorced HUSBAND of (or) WIFE of Corella Beckwith6 DATE OF BIRTH (Month, day and year.) May 28 18727 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.  
53 6 7

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer Village of Chelsea.9 BIRTHPLACE (city or town) (State or country) Michigan.10 NAME OF FATHER Henry Schmidt.11 BIRTHPLACE OF FATHER (city or town) (State or country) GERMANY.12 MAIDEN NAME OF MOTHER Lydia Morse.13 BIRTHPLACE OF MOTHER (city or town) (state or country) Michigan14 Informant Mrs Ortwin Schmidt.  
(Address) Chelsea Mich15 Filed Dec 10, 1925 Conarney  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) December 5 192517 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1925, to Dec 5, 1925  
that I last saw him alive on Dec 5, 1925 and that death occurred on the date stated above at 10 a.m.

The CAUSE OF DEATH\* was as follows:

PERNICIOUS ANEMIA.

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

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

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

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Blood Examination.(Signed) ANDROS GULDE. M. D.Dec 9, 1925 Address Chelsea

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

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

Oak Grove Chelsea Dec 7 1925

2 UNDERTAKER Address

S. A. MAPES Chelsea.



# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

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

2 FULL NAME ELIZABETH KINSEY

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

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married

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

6 DATE OF BIRTH (Month, day and year.) Feb-27-1887

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
38 20 22

### 8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (State or country) Glasgow Scotland

10 NAME OF FATHER John Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Smith

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

14 Informant Peter Kinsey

(Address) Chelsea Mich

15 Filed Jan'y 23, 1926 Registrar.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) January-19 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov-16, 1925, to Jan'y 19, 1926  
that I last saw her alive on Jan'y 18, 1926, and that death occurred on the date stated above at 10<sup>30</sup>a.m.

The CAUSE OF DEATH\* was as follows:  
Hypernephroma of Rt Kidney

(duration) 7 yrs. mos. ds.

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

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

Did an operation precede death? Yes Date of Dec 5 25

Was there an autopsy? Yes

What test confirmed diagnosis? Post mortem

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

Jan'y 19, 1926, Address Chelsea, Mich

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

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

Oak Grove- Chelsea Jan'y 21 1926

20 UNDERTAKER Address

F.W. Stoppan Chelsea

MARGIN RESERVED FOR BINDING

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



MARGIN RESERVED FOR BINDING

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

## 1 PLACE OF DEATH

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year.) June 11-18527 AGE Years 73 Months 6 Days 18 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer9 BIRTHPLACE (city or town) Michigan  
(State or country)10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) Unknown  
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) Unknown  
(state or country)14 Informant Mrs I. Brasius  
(Address) Chelsea Mich15 Filed 28, 1926 Pharmacy Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) December 29 192517 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1925, to Dec. 29, 1925  
that I last saw her alive on Dec 29, 1925 and that death occurred on the date stated above at 4 a.m.

The CAUSE OF DEATH\* was as follows:

Cerebral Apoplexy(duration) \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ ds.CONTRIBUTORY Edema of lungs  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. B. Bush M. D.  
1-2, 1926, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Chelsea Date of BurialOak Grove Cemetery Dec 31 19252 UNDERTAKER S. A. MADES Address Chelsea



## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

PLACE OF DEATH

County

Washenaw

Township

Village

Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

3

City

(No.

St.

Ward)

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

2 FULL NAME

Julia Crowell.

(a) Residence. No.

(Usual place of abode.)

St., Ward.

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

Length of residence in city or town where death occurred

yrs.

mos.

ds.

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

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 Color or Race

5 Single, Married, Widowed or Divorced (write the word.)

Female White Widowed.

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Geo Crowell

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

Apr 8-1837

7 AGE

Years

Months

Days

If LESS than

88

9

12

1 day, hrs.

OR min.

8 OCCUPATION OF DECEASED

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

Housewife

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

own home

(c) Name of employer

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

Bethel N.Y.

PARENTS

10 NAME OF FATHER

Charster Anderson

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

N.Y. U.S. G.

12 MAIDEN NAME OF MOTHER

Esther Hatch

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

N.Y.

14 Informant

Nina Crowell

(Address)

Chelsea Mich

15 Filed

21,

1926

P. M. Mearns

Registrar.

16 DATE OF DEATH (Month, day and year)

July 20

1926

17

I HEREBY CERTIFY, That I attended deceased from

July 1, 1926, to July 20, 1926

that I last saw her alive on July 20, 1926, and that death occurred on the date stated above at 2:15 p.m.

The CAUSE OF DEATH\* was as follows:

Broncho pneumonia (Pneumonia infection)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

S. G. Bush

M. D.

July 21, 1926, Address Chelsea.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oak Grove Cemetery

July 23, 1926

20 UNDERTAKER

Address

Geo P. Stoffan

Chelsea

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



MARGIN RESERVED FOR BINDING

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

## 1 PLACE OF DEATH

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4(No. Old Peoples Home St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME MARY E. TORBORN(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed.5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Unknown.6 DATE OF BIRTH (Month, day and year.) Sept. 20-18377 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
88 4 11

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown14 Informant Mrs. I. Brasuie(Address) Chelsea Mich15 Filed Feb. 6, 1926 Registrar O. H. Mares

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) FEBRUARY 1st 192617 I HEREBY CERTIFY, That I attended deceased from Jan'y 25, 1926, to Feb'y 1, 1926that I last saw her alive on Feb'y 1, 1926 and that death occurred on the date stated above at 2 a.m.

The CAUSE OF DEATH\* was as follows:

Broncho Pneumonia(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) S. G. Bush M. D.  
Feb'y 6, 1926, Address Chelsea

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

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

Highland Cem Ypsilanti Feb 3 19262 UNDERTAKER Address  
S. A. MADES Chelsea



1 PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 5

City \_\_\_\_\_

(No. OLD PEOPLES HOME St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME POLLY ANN SEXTON(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married16 DATE OF DEATH (Month, day and year) FEB-9 19265a If married, widowed, or divorced HUSBAND of (or) WIFE of WM HENRY SEXTON17 I HEREBY CERTIFY, That I attended deceased from Feb-7, 1926, to Feb 9, 1926.6 DATE OF BIRTH (Month, day and year.) APR 12-1838that I last saw her alive on Feb-9, 1926 and that death occurred on the date stated above at 11 A.M.7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
87 8 26The CAUSE OF DEATH\* was as follows:  
BRONCHIO PNEUMONIA.

8 OCCUPATION OF DECEASED

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Medina Co- Ohio(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) SG Bush M. D.Feb-9, 1926, Address Chelsea

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

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

H. Elliott. Detroit Feb-11 1926

20 UNDERTAKER Address

Geo. P. Atgoff Chelsea14 Informant Mrs C Shire(Address) 226 Malbourne Ave Detroit15 Filed Feb 10, 1926 Registrar

Registrar.

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

MARGIN RESERVED FOR BINDING



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

## PLACE OF DEATH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County Washtenaw

Township \_\_\_\_\_

Village \_\_\_\_\_

City Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME AUDREY MAE WILEY(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) \_\_\_\_\_5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year.) Feb-23-19267 AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min. 2

## 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) Michigan10 NAME OF FATHER Harry H. Wiley11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana12 MAIDEN NAME OF MOTHER Arvilla Lidgard13 BIRTHPLACE OF MOTHER (city or town) (state or country) Indiana14 Informant Harry H. Wiley  
(Address) Chelsea Mich15 Filed Mar 1, 1926 W. M. Mason  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) FEB-25 192617 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1926, to Feb-25, 1926that I last saw her alive on Feb 25, 1926 and that death occurred on the date stated above at 12:00 a.m.

The CAUSE OF DEATH\* was as follows:

Spina Bifida (Lumbo Dorsal)  
Paraplegia  
Double Club foot(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Andras Gulda M. D.  
2/26, 1926, Address Chelsea Mich

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

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

Plainfield Mich Feb 26 19262 UNDERTAKER Address  
S. A. Mopes Chelsea



PLACE OF DEATH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County Washtenaw

Township \_\_\_\_\_

Village \_\_\_\_\_

City Chelsea(No. M.E. HOME St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)Registered No. 72 FULL NAME JANE FEEDWICK HOWE

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widow5a If married, widowed, or divorced HUSBAND of (or) WIFE of Meritt Howe6 DATE OF BIRTH (Month, day and year.) Apr 17-18447 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min. 81 8 23

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer) M.E. Home  
(c) Name of employer Inmate9 BIRTHPLACE (city or town) (State or country) Canada10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown14 Informant Mrs I Brasius (Address) Chelsea Mich15 Filed Mar 1, 1926 Edmonney Registrar.16 DATE OF DEATH (Month, day and year) FEBY 10 192617 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Feb 7, 1926, that I last saw her alive on Feb 7, 1926, and that death occurred on the date stated above at 4 P. m.

THE CAUSE OF DEATH\* was as follows:

ENCEPHALITIS  
Chronic Interstitial Nephritis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Physical exam(Signed) R. A. Palmer M. D.  
Feb 11, 1926, Address Chelsea, Mich

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

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

Oak Grove Chelsea Feb 12 192620 UNDERTAKER Address Geo P. Staffan ChelseaMARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.



MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>8</u>	
City _____		(No. _____ St. _____ Ward _____)	
		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>MYRTLE OKER</u>			
(a) Residence. No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred <u>6</u> yrs. _____ mos. _____ ds.		How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.	
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Oker</u>			
6 DATE OF BIRTH (Month, day and year.) <u>Dec. 29-1877</u>			
7 AGE	Years	Months	Days
	<u>49</u>	<u>1</u>	<u>23</u>
If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Housewife</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Own home</u>			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) <u>Sharon Twpsh. Mich</u> (State or country)			
10 NAME OF FATHER <u>Clarence Gage</u>			
11 BIRTHPLACE OF FATHER (city or town) <u>Sharon Twpsh Mich</u> (State or country)			
12 MAIDEN NAME OF MOTHER <u>Eliza Wentley</u>			
13 BIRTHPLACE OF MOTHER (city or town) <u>Unknown</u> (state or country)			
14 Informant <u>John Oker</u> (Address) <u>Chelsea Mich</u>		15 Filed <u>Mar 2, 1926</u> <u>Ch. Marenus</u> Registral.	
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>Feb. 22 1926</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 20</u> , 19 <u>26</u> , to <u>Feb 22</u> , 19 <u>26</u>			
that I last saw her alive on <u>Feb 22</u> , 19 <u>26</u> and that death occurred on the date stated above at <u>69</u> m.			
The CAUSE OF DEATH* was as follows: <u>Thrombosis followed by brain softening</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY <u>Thrombosis</u> (Secondary) (duration) _____ yrs. <u>6</u> mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>examination</u>			
(Signed) <u>M. L. Sibbald</u> M. D. <u>Feb 23, 1926</u> , Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
14 Informant <u>John Oker</u> (Address) <u>Chelsea Mich</u>		15 Filed <u>Mar 2, 1926</u> <u>Ch. Marenus</u> Registral.	
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove Chelsea</u>		Date of Burial <u>Feb 24 1926</u>	
2 UNDERTAKER <u>Geo P. Stappan</u>		Address <u>Chelsea</u>	



## I PLACE OF DEATH

County

Washtenaw

Township

Village

Chelsea

City

(No.

St.

Ward)

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

Registered No. 9

2 FULL NAME

JOHN L BUSH

(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.

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 Color or Race

White

5 Single, Married, Widowed or Divorced (write the word.)

Married

5a If married, widowed, or divorced

HUSBAND or (or) WIFE of

Theobald Densmore

6 DATE OF BIRTH

(Month, day and year.)

July-14-1855

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

OR min.

70 8 4

8 OCCUPATION OF DECEASED

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

Trucking

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

General Truckman

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Lyndon Twp Mich

10 NAME OF FATHER

John P. Bush

11 BIRTHPLACE

OF FATHER (city or town)

(State or country)

N.J.

12 MAIDEN NAME

OF MOTHER

Clina Calhoun

13 BIRTHPLACE

OF MOTHER (city or town)

(state or country)

N.Y.

14 Informant

Mrs John Bush

(Address)

Chelsea Mich

15 Filed

Mar 3, 1926

G. M. Munnery

Registrar.

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

Feb 17 1926

17

I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

that I last saw h. alive on, 19, and

that death occurred on the date stated above at m.

The CAUSE OF DEATH\* was as follows:

Accidentally killed by being struck  
by train on M.C.R.R right  
of way - East of East St  
Crossing about 75 ft.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

H.F. Brooks Justice of Peace

Feb 18, 1926, Address

Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oak Grove Chelsea

Feb 20 1926

20 UNDERTAKER

Address

Geo P. Staffan

Chelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

## 1 PLACE OF DEATH

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10(No. Old Peoples Home St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME CHARLES SOUTHERLAND(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year.) Nov-21-18477 AGE Years 78 Months 4 Days 19 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Michigan10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown14 Informant Isaac Brosius  
(Address) Chelsea Mich15 Filed Apr 15, 1926 PC Mearns  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 9 192617 I HEREBY CERTIFY, That I attended deceased from Or April 9, 1926, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. Dead when visited 19\_\_\_\_ and  
that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Cerebral Apoplexy(duration) 1 hr. yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.CONTRIBUTORY senile arterio sclerosis  
(Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 Where was disease contracted  
if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) M. L. Sr. G. Bald M. D.  
Apr 14, 1926 Address Chelsea

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

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

Hadley Mich Apr 12 19262 UNDERTAKER Address  
S. F. Naples Chelsea



I PLACE OF DEATH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 11(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Hanora Daly Hindelang(a) Residence, No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX 4 Color or Race 5 Single, Married, Widowed or Divorced (write the word.)

Female White Widow5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Louis Hindelang6 DATE OF BIRTH  
(Month, day and year.)7 AGE Years Months Days If LESS than  
1 day, \_\_\_\_\_ hrs.  
OR \_\_\_\_\_ min.  
69 4 18

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer own home9 BIRTHPLACE (city or town) (State or country) Ireland10 NAME OF FATHER Daniel Daly11 BIRTHPLACE OF FATHER (city or town) (State or country) Co Cork Ireland.12 MAIDEN NAME OF MOTHER Ellen Daly13 BIRTHPLACE OF MOTHER (city or town) (state or country) County Cork Ireland14 Informant Marie Quinn(Address) Chelsea Mich15 Filed Apr 30, 1926 Braroney Registrar.16 DATE OF DEATH (Month, day and year) April 6 192617 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1925, to April 6, 1926  
that I last saw her alive on April 6, 1926 and that death occurred on the date stated above at 10:30 p.m.

The CAUSE OF DEATH\* was as follows:

Edema of lungs

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY abundant & chronic  
(Secondary) Myocarditis (duration) 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) M. I. Schbald M. D.Apr. 7, 1926, Address Chelsea Mich

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

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

Mt. Olivet- Chelsea Apr. 10 1926

20 UNDERTAKER Address

Geo. P. Stafford Chelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>12</u>	
City _____		(No. _____ St. _____ Ward _____)	
2 FULL NAME <u>Philip J. Kausch</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
(a) Residence. No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?	
yrs.	mos.	ds.	ys. mos. ds.
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Adelia Staffan Kausch</u>			
6 DATE OF BIRTH (Month, day and year.) <u>Spt 28-1846</u>			
7 AGE	Years	Months	Days
	<u>81</u>	<u>6</u>	<u>25</u>
If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work. <u>Carpenter</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Day labor</u>			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) (State or country) <u>Detroit Mich</u>			
10 NAME OF FATHER <u>Martin Kausch</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Alsace Lorraine</u>			
12 MAIDEN NAME OF MOTHER <u>Magdalena Staffan</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Alsace Lorraine</u>			
14 Informant <u>Geo P. Staffan &amp; A. Kausch</u> (Address) <u>Chelsea Mich</u>			
15 Filed <u>April 30, 1926</u> <u>Chambers</u> Registrar			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>April 13 1926</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>March</u> , 19 <u>25</u> , to <u>April 13</u> , 19 <u>26</u> , that I last saw him alive on <u>April 13</u> , 19 <u>26</u> and that death occurred on the date stated above at <u>7:45 p.m.</u>			
The CAUSE OF DEATH* was as follows: <u>Cancer in Anterior Mediastinum</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY <u>general metastasis</u> (Secondary)			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted If not at place of death? _____			
Did an operation precede death? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>X Ray</u>			
(Signed) <u>J. T. Woods</u> M. D.			
April <u>14</u> , 19 <u>26</u> , Address <u>Chelsea</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial			
<u>Mt. Olivet Chelsea</u>		<u>Apr 16 1926</u>	
2 UNDERTAKER Address			
<u>Geo P. Staffan</u>		<u>Chelsea</u>	



County Washington

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 13

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Flora Ward(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Ward6 DATE OF BIRTH (Month, day and year.) June 21 - 18527 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
79 9 23

## 8 OCCUPATION OF DECEASED

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

(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Sylvan Twp Mich  
(State or country)10 NAME OF FATHER Lawyer Riggs11 BIRTHPLACE OF FATHER (city or town) Conn  
(State or country)12 MAIDEN NAME OF MOTHER Irene Metcalf13 BIRTHPLACE OF MOTHER (city or town) Ohio  
(state or country)14 Informant Geo Ward  
(Address) Chelsea15 Filed Apr 30, 1926 O'Donoghue  
Registrar.16 DATE OF DEATH (Month, day and year) April 14 192617 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to April 14, 1926that I last saw her alive on April 6, 1926, and that death occurred on the date stated above at 2:45 p.m.

The CAUSE OF DEATH\* was as follows:

Mixtral Stenosis and Myocarditis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Arteriosclerosis  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? Physical Exam(Signed) H. W. Schmidt, M. D.Apr 16, 1926, Address Chelsea

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

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

Oak Grove Chelsea Apr 17 1926

20 UNDERTAKER Address

Geo P. Stappson Chelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>14</u>	
City _____		(No. _____ St. _____ Ward _____)	
		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>John George Knapp</u>			
(a) Residence. No. _____ St., Ward _____			
(Usual place of abode.) (If non-resident give city or town and State.)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Bertha Knapp</u>			
6 DATE OF BIRTH (Month, day and year.) <u>Sept 2 1844</u>			
7 AGE	Years	Months	Days
	<u>81</u>	<u>8</u>	<u>1</u>
If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Retired 10 yrs.</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>General store</u>			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) <u>Tübingen</u> (State or country) <u>Germany</u>			
10 NAME OF FATHER <u>John Geo Knapp</u>			
11 BIRTHPLACE OF FATHER (city or town) <u>Sickenhausen</u> (State or country) <u>Germany</u>			
12 MAIDEN NAME OF MOTHER <u>Maria Barbara Nagel</u>			
13 BIRTHPLACE OF MOTHER (city or town) <u>Sickenhausen</u> (state or country) <u>Germany</u>			
14 Informant <u>Carl F. Braun</u> (Address) <u>Ann Arbor Mich</u>			
15 Filed <u>May 5, 1936</u> <u>Chmaroney</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>May 3 1926</u>			
17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____			
that I last saw h_____ alive on _____, 19____ and that death occurred on the date stated above at _____ m.			
The CAUSE OF DEATH* was as follows: <u>Dropped dead in Post Office probably apoplexy</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted If not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>Howard F. Brooks</u> <u>Justice of Peace</u> <u>5/3</u> , 19 <u>36</u> , Address <u>Chelsea</u> <u>Acting Coroner</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL			
<u>Ann Arbor Mich</u>		Date of Burial <u>4/6 1936</u>	
2 UNDERTAKER <u>Geo P. Stauffer</u>		Address <u>Chelsea</u>	

PARENTS



## I PLACE OF DEATH

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 15

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

2 FULL NAME LOIS MAINE BACON(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_ (Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widow5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Bacon6 DATE OF BIRTH (Month, day and year.) Jan 4 - 18487 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min. 77 10 4

## 8 OCCUPATION OF DECEASED

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chelsea Mich10 NAME OF FATHER Jos M. Congdon11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.12 MAIDEN NAME OF MOTHER Sarah Maine13 BIRTHPLACE OF MOTHER (city or town) (state or country) U.S.A

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 2 192617 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 2, 1926 that I last saw her alive on May 2, 1926 and that death occurred on the date stated above at noon m.  
The CAUSE OF DEATH\* was as follows:Chronic Myocarditis  
Arteriosclerosis  
(Cerebral)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Oedema of lungs (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) S.G. Bush M. D.5/3, 1926 Address Chelsea Mich

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

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

Coke Grove Chelsea 5/4 192620 UNDERTAKER Address Geo P. Stappan Chelsea14 Informant Ruth Fondyce (Address) Chelsea Mich15 Filed May 6, 1926 Obituary Registrar.

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>16</u>	
City _____		(No. _____ St. _____ Ward) _____	
2 FULL NAME <u>Ada Z. Wood</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
(a) Residence. No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?	
_____ yrs.	_____ mos.	_____ ds.	_____ yrs. _____ mos. _____ ds.
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Widow</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Henry L. Wood.</u>			
6 DATE OF BIRTH (Month, day and year.) <u>May 9-1863</u>			
7 AGE	Years	Months	Days
<u>72</u>	<u>11</u>	<u>30</u>	If LESS than 1 day, _____ hrs. OR _____ min.
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work: <u>Housewife</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>own home</u>			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) <u>Lima Twpsh Mich</u> (State or country)			
10 NAME OF FATHER <u>Wm Dancer</u>			
11 BIRTHPLACE OF FATHER (city or town) <u>England.</u> (State or country)			
12 MAIDEN NAME OF MOTHER <u>Sarah Coy</u>			
13 BIRTHPLACE OF MOTHER (city or town) <u>England</u> (state or country)			
14 Informant <u>Henry L. Wood</u> (Address) <u>Chelsea</u>			
15 Filed <u>May 12, 1926</u> <u>P. B. Maroney</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>May 8 1926</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>May 7, 1926</u> , to <u>May 8, 1926</u> , that I last saw her alive on <u>May 8, 1926</u> and that death occurred on the date stated above at <u>4:30 p.m.</u>			
The CAUSE OF DEATH* was as follows: <u>Uremia</u> <u>Nephritis chronic</u> <u>Arterial Hypertension</u> (duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Clinical</u>			
(Signed) <u>A. F. Palmer</u> , M. D. <u>579</u> , 1926 Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove - Chelsea</u> Date of Burial <u>5/11 1926</u>			
2 UNDERTAKER <u>Geo P. Staffan</u> Address <u>Chelsea</u>			

PARENTS



I PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 17

City \_\_\_\_\_

(No. Old Peoples Home St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Martha Geddes(a) Residence. No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX \_\_\_\_\_ 4 Color or Race \_\_\_\_\_ 5 Single, Married, Widowed or Divorced (write the word.)

Female White Widowed5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Bower Geddes6 DATE OF BIRTH  
(Month, day and year.) October 15-18407 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
85 7 0

## 8 OCCUPATION OF DECEASED

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

None

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

(c) Name of employer

9 BIRTHPLACE (city or town) New York  
(State or country)10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) Unknown  
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) Unknown  
(state or country)14 Informant Mrs Isaac Brasius  
(Address) Chelsea15 Filed May 20, 1926 Chalmers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
(Month, day and year) May 18 192617 I HEREBY CERTIFY, That I attended deceased from  
May 14, 1926, to May 18, 1926  
that I last saw her alive on May 18, 1926 and  
that death occurred on the date stated above at 5a m.

The CAUSE OF DEATH\* was as follows:

Acute cholecystitis probable  
gall stone obstruction  
chronic myocarditis(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.CONTRIBUTORY  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
if not at place of death?Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) S. G. Bush M. D.No. 1926 Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Forest Hill. Ann ArborMay 20 1926

20 UNDERTAKER

Address

S. G. MapesChelsea

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

MARGIN RESERVED FOR BINDING



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

1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 18City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Donald Wm Scripster(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) ✓5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of ✓6 DATE OF BIRTH (Month, day and year.) October 1st. 19257 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
✓ 8 12

## 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) Michigan10 NAME OF FATHER Wm Scripster11 BIRTHPLACE OF FATHER (city or town) (State or country) New York12 MAIDEN NAME OF MOTHER Lula Eldridge13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York14 Informant Wm Scripster  
(Address) Chelsea Mich15 Filed June 16, 1926 Penarony  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 13 192617 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to June 13, 1926.that I last saw him alive on June, 1926, and that death occurred on the date stated above at 8 P. m.

THE CAUSE OF DEATH\* was as follows:

Pertussis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Broncho Pneumonia  
(Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.18 Where was disease contracted  
if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? NoWhat test confirmed diagnosis? Chrical(Signed) H. W. Schmidt M. D.June 15, 1926, Address Chelsea Mich

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

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

Oak Grove Cemetery June 1926

2 UNDERTAKER Address

S. G. Mapes Chelsea



County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

Village Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 19City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Jerry C. Dunn(a) Residence No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX white 4 Color or Race male 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed or divorced HUSBAND of Lida Graham - (or) WIFE of6 DATE OF BIRTH (Month, day and year.) Mar 19 - 18497 AGE Years 77 Months 2 Days 27 If LESS than 1 day, \_\_\_\_\_ hrs. OR, \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) Mich  
(State or country)10 NAME OF FATHER James Dunn11 BIRTHPLACE OF FATHER (city or town) Ireland  
(State or country)12 MAIDEN NAME OF MOTHER Rose Kinney13 BIRTHPLACE OF MOTHER (city or town) Ireland  
(state or country)14 Informant Mrs J. C. Dunn  
(Address) Chelsea15 Filed June 18, 1916 Chas. C. Kinney  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 16 19 1617 I HEREBY CERTIFY, That I attended deceased from June 10, 1916, to June 16, 1916that I last saw her alive on June 16, 1916 andthat death occurred on the date stated above at 4.9 m.

The CAUSE OF DEATH\* was as follows:

Sudden death(duration) 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? NoWhat test confirmed diagnosis? Chemical(Signed) As B. B. B. M. D.June 7, 1916, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery, Chelsea Date of Burial 6/18 19 1620 UNDERTAKER E. A. Swartz Address Chelsea



MARGIN RESERVED FOR BINDING

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

## 1 PLACE OF DEATH

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widow5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year.) Sept. 15, 18487 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
77 9 15

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) New York  
(State or country)10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (city or town) unknown  
(State or country)12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) unknown  
(state or country)14 Informant Isaac Brasier  
(Address) Chelsea Mich15 Filed July 8, 1926 H. H. Ramsey  
Registrar.

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20(No. Old Peoples Home St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 6 192617 I HEREBY CERTIFY That I attended deceased from June 15, 1926, to July 6, 1926, that I last saw her alive on July 6, 1926 and that death occurred on the date stated above at 3 P.m.

The CAUSE OF DEATH\* was as follows:

Chronic Myocarditis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Edema of Lungs  
(Secondary)(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.18 Where was disease contracted  
if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) S. G. Bush M. D.July 8, 1926 Address Chelsea Mich

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

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

Hastings Mich July 8 19262 UNDERTAKER S. G. Mapes Address Chelsea



County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 21

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Thomas Mc Guinness

(a) Residence. No. \_\_\_\_\_

(Usual place of abode.)

St., Ward. West Mich

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year.) July 31, 18447 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
81 11 15

8 OCCUPATION OF DECEASED

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

(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) West Mich  
(State or country)10 NAME OF FATHER John Mc Guinness11 BIRTHPLACE OF FATHER (city or town) Ireland  
(State or country)12 MAIDEN NAME OF MOTHER Margaret Glenon13 BIRTHPLACE OF MOTHER (city or town) Ireland  
(state or country)14 Informant Mrs Peter Gorman  
(Address) Chelsea Mich15 Filed July 16, 1926 O'Connor  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 16 192617 I HEREBY CERTIFY, That I attended deceased from June 23, 1926 to July 16, 1926, that I last saw him alive on July 15, 1926 and that death occurred on the date stated above at 1:30 a.m.

The CAUSE OF DEATH\* was as follows:

Diabetes Mellitus

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. V. Woods M. D.7/16 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 HOMICIDAL. (See reverse side for further instructions.)

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

St Joseph Cem Dexter July 9, 1926

20 UNDERTAKER Address

Galbraith Gorman Dexter

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>22</u>	
City _____ (No. _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		St. _____ Ward _____	
2 FULL NAME <u>Ella Currier</u>			
(a) Residence. No. _____ St., Ward _____			
(Usual place of abode.)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>married</u>	
5a If married, widowed, or divorced HUSBAND of <u>Chas. Currier</u> (or) WIFE of _____			
6 DATE OF BIRTH (Month, day and year) <u>August 21st 1860</u>			
7 AGE	Years <u>65</u>	Months <u>11</u>	Days <u>1</u>
	If LESS than 1 day, _____ hrs. OR _____ min.		
8 OCCUPATION OF DECEASED			
(a) Trade, profession or particular kind of work <u>Housewife</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) <u>Michigan</u> (State or country)			
10 NAME OF FATHER <u>Robt Duncan</u>			
11 BIRTHPLACE OF FATHER (city or town) <u>Canada</u> (State or country)			
12 MAIDEN NAME OF MOTHER <u>Myra Gaultner</u>			
13 BIRTHPLACE OF MOTHER (city or town) <u>Canada</u> (state or country)			
14 Informant <u>Chas Currier</u> (Address) <u>Chelsea Mich</u>			
15 Filed <u>7/29</u> , 19 <u>26</u> <u>E. H. Hare</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>July 22</u> 19 <u>26</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 28</u> , 19 <u>20</u> , to <u>July 21</u> , 19 <u>26</u>			
that I last saw her alive on <u>July 21</u> , 19 <u>26</u> and that death occurred on the date stated above at <u>12:30</u> p.m.			
The CAUSE OF DEATH* was as follows: <u>Chronic Pulmonary Tuberculosis</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted If not at place of death? _____			
Did an operation precede death? <u>no</u> Date of _____			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>X ray</u>			
(Signed) <u>Andrew Gude</u> , M. D. <u>July 28</u> , 19 <u>26</u> . Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove Chelsea</u> Date of Burial <u>July 25 1926</u>			
2 UNDERTAKER <u>L. G. Hapes</u> Address <u>Chelsea</u>			



County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 23City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Rev John B Oliver(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cather Reason6 DATE OF BIRTH (Month, day and year.) May 24 18407 AGE Years 86 Months 2 Days 3 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) Canada  
(State or country)10 NAME OF FATHER Robert Oliver11 BIRTHPLACE OF FATHER (city or town) New York  
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) Unknown  
(state or country)

PARENTS

14 Informant John Oliver  
(Address) Highland Park Mich15 Filed July 29, 1926 F. B. Maroney  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 27 192617 I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to July 27, 1926, that I last saw him alive on July 26, 1926 and that death occurred on the date stated above at 70 m.

The CAUSE OF DEATH\* was as follows:

Chronic Prostatitis  
Chronic Interstitial Nephritis(duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

## CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
If not at place of death?Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Physical  
(Signed) A. G. Palmer, M. D.July 27, 1926 Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn - Detroit Date of Burial July 30, 192620 UNDERTAKER D. J. Mapes Address ChelseaMARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.



MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH				STATE OF MICHIGAN			
County <u>Washtenaw</u>				Department of State--Division of Vital Statistics			
Township _____				TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER			
Village <u>Chelsea</u>				Registered No. <u>24</u>			
City _____ (No. _____ St. _____ Ward _____)				(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>George Lindauer</u>							
(a) Residence. No. _____ St., Ward. _____							
(Usual place of abode.) (If non-resident give city or town and State.)							
Length of residence in city or town where death occurred <u>5</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>		16 DATE OF DEATH (Month, day and year) <u>July 29 1926</u>			
5a If married, widowed, or divorced HUSBAND of <u>Rosie Lindauer</u> (or) WIFE of _____				17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to <u>July 29</u> , 19 <u>26</u> that I last saw him alive on <u>July 29</u> , 19 <u>26</u> and that death occurred on the date stated above at <u>4:15</u> pm.			
6 DATE OF BIRTH (Month, day and year.) <u>May 22 - 1866</u>				The CAUSE OF DEATH* was as follows: <u>Mitral Stenosis</u>			
7 AGE	Years <u>60</u>	Months <u>2</u>	Days <u>7</u>	If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED							
(a) Trade, profession, or particular kind of work <u>Farmer</u>							
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Own Farm</u>							
(c) Name of employer _____							
9 BIRTHPLACE (city or town) (State or country) <u>Germany</u>							
10 NAME OF FATHER <u>Geo Lindauer</u>							
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Mittenberg Germany</u>							
12 MAIDEN NAME OF MOTHER <u>Mary Miller</u>							
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Germany</u>							
14 Informant <u>Mrs J. Robinson</u> (Address) <u>Chelsea Mich</u>							
15 Filed <u>7/31</u> , 19 <u>26</u> <u>9:30 am</u> Registrar <u>Geo C. Steffen</u>							
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove Chelsea</u> Date of Burial <u>July 29, 1926</u>							
2 UNDERTAKER <u>Geo C. Steffen</u> Address <u>Chelsea</u>							

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



County Washtenaw

Department of State--Division of Vital Statistics

Township Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 25City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Miss Mary E French(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Single

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

6 DATE OF BIRTH (Month, day and year.) Nov-19-18597 AGE Years Months Days If LESS than 1 day, hrs. min.  
66 7 9

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) Almont Mich  
(State or country)10 NAME OF FATHER Joe French11 BIRTHPLACE OF FATHER (city or town) Canada  
(State or country)12 MAIDEN NAME OF MOTHER Experience Groat13 BIRTHPLACE OF MOTHER (city or town) Canada  
(state or country)

PARENTS

14 Informant Mrs. Lodiia Laird  
(Address) Chelsea Mich15 Filed Aug 27, 1926 P. Maroney  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 26 192617 I HEREBY CERTIFY, That I attended deceased from July 6, 1926, to Aug 26, 1926, that I last saw her alive on Aug 25, 1926, and that death occurred on the date stated above at 7 a.m.The CAUSE OF DEATH\* was as follows:  
Posterior Lateral Sclerosis(duration) 1 yrs. 1 mos. 2 ds.

## CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) A. A. Palmer, M. D.  
Aug 26, 1926 Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Aug 28 192620 UNDERTAKER Wm. P. Stoffen Address Chelsea

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

MARGIN RESERVED FOR BINDING



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

I PLACE OF DEATH				STATE OF MICHIGAN			
County <u>Washtenaw</u>				Department of State—Division of Vital Statistics			
Township _____				<b>TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER</b>			
Village <u>Chelsea</u>				Registered No. <u>26</u>			
City _____ (No. _____) St. _____ Ward _____				(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Lucy Lester</u>							
(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.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>							
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>		16 DATE OF DEATH (Month, day and year) <u>Oct 14</u> 19 <u>26</u>			
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Lucy Lester</u>				17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 1</u> , 19 <u>26</u> , to <u>Oct 14</u> , 19 <u>26</u> that I last saw her alive on <u>Oct 14</u> , 19 <u>26</u> and that death occurred on the date stated above at <u>92</u> m.			
6 DATE OF BIRTH (Month, day and year.) <u>Oct 14-1847</u>				The CAUSE OF DEATH* was as follows: <u>Pericarditis Anemia</u>			
7 AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. OR _____ min.			
	<u>79</u>	<u>0</u>	<u>0</u>				
8 OCCUPATION OF DECEASED							
(a) Trade, profession, or particular kind of work <u>none</u>							
(b) General nature of industry, business, or establishment in which employed (or employer)							
(c) Name of employer							
9 BIRTHPLACE (city or town) (State or country) <u>Michigan</u>							
10 NAME OF FATHER <u>Unknown</u>							
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>unknown</u>							
12 MAIDEN NAME OF MOTHER <u>unknown</u>							
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>unknown</u>							
14 Informant <u>Miss Nellie Hall</u> (Address) <u>Chelsea</u>							
15 Filed <u>10/16</u> , 19 <u>26</u> <u>O. H. Maroney</u> Registrar.							
<b>MEDICAL CERTIFICATE OF DEATH</b>							
16 DATE OF DEATH (Month, day and year) <u>Oct 14</u> 19 <u>26</u>							
17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 1</u> , 19 <u>26</u> , to <u>Oct 14</u> , 19 <u>26</u> that I last saw her alive on <u>Oct 14</u> , 19 <u>26</u> and that death occurred on the date stated above at <u>92</u> m.							
The CAUSE OF DEATH* was as follows: <u>Pericarditis Anemia</u>							
(duration) _____ yrs. <u>9</u> mos. _____ ds.							
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.							
18 Where was disease contracted if not at place of death? _____							
Did an operation precede death? <u>No</u> Date of _____							
Was there an autopsy? <u>No</u>							
What test confirmed diagnosis? <u>Clinical</u>							
(Signed) <u>A. A. Palmer</u> M. D. <u>10/16</u> , 19 <u>26</u> , Address <u>Chelsea</u>							
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)							
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Bay City Mich</u> Date of Burial <u>Oct 16</u> 19 <u>26</u>							
2 UNDERTAKER <u>Mapes &amp; Plank</u> Address <u>Chelsea</u>							



County

Department of State--Division of Vital Statistics

Township

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Village

Registered No. 27

City

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

2 FULL NAME

Lila Campbell

(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?

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed or  
Divorced (write the word.)

Female

White

Married

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

Wm Campbell

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

May 2-1862

7 AGE

Years

Months

Days

If LESS than

64

5

22

1 day, hrs.  
OR min.

## 8 OCCUPATION OF DECEASED

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

Housewife

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

Own home

(c) Name of employer

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

Chelsea Mich

10 NAME OF FATHER

Lewis Thomas

11 BIRTHPLACE  
OF FATHER (city or town)  
(State or country)N.Y.  
Amy Rosemont12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER (city or town)  
(state or country)

N.Y.

14 Informant

(Address)

Wm Campbell  
Chelsea Mich

15 Filed

Oct 30, 1926

B. Maroney

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

Oct 24 1926

17

I HEREBY CERTIFY, That I attended deceased from

May 1925, to Oct 24, 1926

that I last saw her alive on Oct 24, 1926 and  
that death occurred on the date stated above at 100 m.

The CAUSE OF DEATH\* was as follows:

Carcinoma of Cervix

(duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Yes Date of May 1925

Was there an autopsy? No

What test confirmed diagnosis? Biopsy &amp; Microscopic

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

Oct 25, 1926 Address Chelsea

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state  
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)19 PLACE OF BURIAL, CREMATION,  
OR REMOVAL

Date of Burial

Oak Grove Chelsea

10/27/1926

20 UNDERTAKER

Address

Geo. J. Hoffman

Chelsea

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

MARGIN RESERVED FOR BINDING

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

Bill  
mailed  
Co  
cells  
for  
26 Parh  
27 Parh  
53



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

## PLACE OF DEATH

County Frankenm

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 28(No. Old Peoples Home St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Florence Jones(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed

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

6 DATE OF BIRTH (Month, day and year.) Sept 6th 18677 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
79 2 11

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer9 BIRTHPLACE (city or town) (State or country) Michigan10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Mrs. J. Brasco  
(Address) Chelsea Mich15 Filed Nov 20, 1926 O. C. Maroney  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov 17 192617 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Nov 17, 1926  
that I last saw him alive on Nov 16, 1926 and that death occurred on the date stated above at 5 P. m.  
The CAUSE OF DEATH\* was as follows:  
Meningitis probably T.B.C.(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 48 ds.CONTRIBUTORY old Pulmonary T.B.C.  
(Secondary) (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Physical & Physical(Signed) A. A. Palmer M. D.  
11/9, 1926, Address Chelsea

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

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

Woburn near Plymouth Nov 20 1926

2 UNDERTAKER Address

Mapes & Plunkett Chelsea



I PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 29

City \_\_\_\_\_

(No. Old Peoples Home St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME John H. Hunkland(a) Residence No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Portner6 DATE OF BIRTH (Month, day and year.) Dec 9 18507 AGE Years Months Days 11 LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
75 11 10

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Isaac Brannin (Address) Chelsea15 Filled Nov 22, 1926 F. H. Maroney Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov 19 192617 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Nov 19, 1926, that I last saw him alive on Nov 19, 1926, and that death occurred on the date stated above at 11 p.m.

The CAUSE OF DEATH\* was as follows:

Carcinoma of bowels(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Clinical & X-ray(Signed) W. B. Bush M. D.Nov 20, 1926, Address Chelsea

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

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

Oak Grove - Chelsea Nov 22 1926

20 UNDERTAKER Address

Maple & Russell Chelsea

MARGIN RESERVED FOR BINDING

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



MARGIN RESERVED FOR BINDING

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

## 1 PLACE OF DEATH

County Washtenaw  
 Township Sylvan  
 Village Chelsea

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 30

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

2 FULL NAME Ardelea Beckwith

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married

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

6 DATE OF BIRTH (Month, day and year.) Jan 14 1852

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
74 10 24

## 8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (State or country) Sylvan Twp Mich10 NAME OF FATHER Austen Parker11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.12 MAIDEN NAME OF MOTHER Olivia Loomis13 BIRTHPLACE OF MOTHER (city or town) (state or country) N. Y.

14 Informant Geo M Beckwith  
 (Address) Chelsea Mich

15 Filed Dec 28, 1926 JB Maroney  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1926, to Dec 6, 1926, that I last saw her alive on Dec 6, 1926, and that death occurred on the date stated above at 29 m.  
 The CAUSE OF DEATH\* was as follows:

Obstruction of bowels  
Large umbilical Hernia  
Cardio Vascular Disease

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) A. A. Palmer M. D.179, 1926 Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Chelsea Mich 12/8 1926

2 UNDERTAKER

Geo P. Stoffan Address Chelsea



1 PLACE OF DEATH

STATE OF MICHIGAN

County

Washtenaw

Department of State--Division of Vital Statistics

Township

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village

Chelsea

Registered No.

31

City

(No.

St.

Ward)

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

2 FULL NAME

Samuel J. Schelschwerdt

(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 PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed or Divorced (write the word.)

Male

White

Divorced

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

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

Nov-6-1861

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

OR.....min.

65

1

23

8 OCCUPATION OF DECEASED

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

Painter &amp; Decorator

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

(c) Name of employer

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

Michigan

10 NAME OF FATHER

Conrad Schelschwerdt

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

Germany

12 MAIDEN NAME OF MOTHER

Anna Alder

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

Germany

14 Informant

Mrs David W. Rogers

(Address)

Chelsea Mich

15 Filed

Jan 3, 1927

P. G. Maroney

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year) Dec 29 1926

17

I HEREBY CERTIFY, That I attended deceased from

Dec 22, 1926, to Dec 29, 1926

that I last saw him alive on Dec 29, 1926 and

that death occurred on the date stated above at 11 P. M.

The CAUSE OF DEATH\* was as follows:

Chronic Interstitial Nephritis. Uremia

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

CONTRIBUTORY (Secondary)

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

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed)

J. D. Woods M. D.

Dec 30 1926 Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Sylvan Center

Dec 31, 1926

20 UNDERTAKER

Address

Mapes &amp; Chubb

Chelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>1</u>	
City _____		(No. _____ St. _____ Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Susan Smith</u>			
(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.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Widowed</u>	
5a If married, widowed, or divorced HUSBAND or (or) WIFE of _____			
6 DATE OF BIRTH (Month, day and year.) <u>March 1-1841</u>			
7 AGE	Years <u>85</u>	Months <u>11</u>	Days <u>6</u>
	If LESS than 1 day, _____ hrs. OR _____ min.		
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>None</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) (State or country) <u>New York</u>			
10 NAME OF FATHER <u>George Goodyear</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Connecticut</u>			
12 MAIDEN NAME OF MOTHER <u>Mary Branch</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Connecticut</u>			
14 Informant <u>Mrs. Tom Jones</u>			
(Address) <u>Chelsea Mich</u>			
15 Filed <u>Jan 16, 1927</u> <u>O. Maroney</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>Jan 7th 1927</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>June 1, 1926</u> , to <u>Jan 7, 1927</u>			
that I last saw him alive on <u>Jan 7, 1927</u> and that death occurred on the date stated above at <u>11 a. m.</u>			
The CAUSE OF DEATH* was as follows:			
<u>Acute Detention Heart</u>			
<u>Chronic Myocarditis</u>			
<u>Arterio sclerosis</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>J. H. Bush</u> M. D.			
Jan 13, 1927, Address <u>Chelsea</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove</u> Date of Burial <u>Jan 9 1927</u>			
2 UNDERTAKER <u>Mapes &amp; Haskell</u> Address <u>Chelsea</u>			



I PLACE OF DEATH

## STATE OF MICHIGAN

County Macomb

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 2

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Martha Stienbach(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 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)

17

I HEREBY CERTIFY, That I attended deceased from

May 5, 1922, to June 21, 1927that I last saw her alive on June 21, 1927, andthat death occurred on the date stated above at 4:2 m.

The CAUSE OF DEATH\* was as follows:

Carcinoma of the nipple & breast

7 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

OR.....min.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

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)

PARENTS

14

Informant

(Address)

15

Filed

Jan 26, 1927

G. Maroney

Registrar.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oak Grove Chelsea Jan 26 1927

20 UNDERTAKER

Address

Mayer & Plankell Chelsea

Form 93a—4-18-1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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



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

County Washington  
 Township Sylvan  
 Village Chelsea  
 City \_\_\_\_\_  
 (No. \_\_\_\_\_) (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 3

2 FULL NAME Charles Kenneth Aldrich  
 (a) Residence No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
 (Usual place of abode.) (If non-resident give city or town and State.)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Single</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>March 25-1926</u>				
6 DATE OF BIRTH (Month, day and year.)				
7 AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. OR _____ min.
	<u>-</u>	<u>9</u>	<u>19</u>	
8 OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>None</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9 BIRTHPLACE (city or town) (State or country) <u>Chelsea Mich</u>				
10 NAME OF FATHER <u>Gale A Aldrich</u>				
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Building Ohio</u>				
12 MAIDEN NAME OF MOTHER <u>Rosa Shennaberry</u>				
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Building Ohio</u>				
14 Informant <u>Mrs Gale Aldrich</u> (Address) <u>Chelsea Mich</u>				
15 Filed <u>Jan 28, 1927</u> <u>P. Maroney</u> Registrar				

16 DATE OF DEATH (Month, day and year) Jan 15 1927  
 17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1927, to Jan 14, 1927, that I last saw him alive on Jan 14, 1927 and that death occurred on the date stated above at 52 m.  
 The CAUSE OF DEATH\* was as follows:  
Pneumonia  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Branchitis  
 (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18 Where was disease contracted if not at place of death?  
 Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_  
 What test confirmed diagnosis? Examination  
 (Signed) M. J. Hubbard M. D.  
Jan 25, 1927, Address Chelsea  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove, Chelsea</u>	Date of Burial <u>Jan 17 1927</u>
2 UNDERTAKER <u>Geo P. Stoffan</u>	Address <u>Chelsea</u>



# 1 PLACE OF DEATH

# STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village Chelsea

Registered No. 4

City \_\_\_\_\_

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

2 FULL NAME Ruth Armstrong

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

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married

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

6 DATE OF BIRTH (Month, day and year) Sept. 2 - 1840

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
86 4 29

### 8 OCCUPATION OF DECEASED

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

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

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

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

14 Informant Isaac Brown (Address) Chelsea Mich

15 Filed Feb 4, 1927 Chenancy Registrar.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) January 31 1927

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Jan 31, 1927, that I last saw him alive on Jan 31, 1927, and that death occurred on the date stated above at 5 P. m.

The CAUSE OF DEATH\* was as follows:  
Carcinoma of Stomach

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) S. G. Bush M. D.  
May 1, 1927 Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Chelsea Date of Burial Feb 3 1927  
Oak Grove Cemetery

20 UNDERTAKER Mayer & Plunkett Address Chelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

STATE OF MICHIGAN	
Department of State--Division of Vital Statistics	
I PLACE OF DEATH County <u>East Lenaw</u>	
Township _____	
Village <u>Chelsea</u>	
City _____ (No. <u>Old Peoples Home</u> St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Charlotte Straight</u>	
(a) Residence. No. _____ St., Ward. _____ (Usual place of abode.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX <u>Female</u>	4 Color or Race <u>White</u>
5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____	
6 DATE OF BIRTH (Month, day and year) <u>June, 30, 1839</u>	
7 AGE	Years Months Days
<u>87</u>	<u>7</u> <u>6</u>
If LESS than 1 day, ____ hrs. OR ____ min.	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	
9 BIRTHPLACE (city or town) (State or country) <u>Canada</u>	
10 NAME OF FATHER <u>unknown</u>	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>unknown</u>	
12 MAIDEN NAME OF MOTHER <u>unknown</u>	
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>unknown</u>	
14 Informant <u>Mrs. Isaac Brown</u> (Address) <u>Chelsea Mich</u>	
15 Filed <u>May 10, 1927</u> <u>A. C. Maroney</u> Registrar.	
MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (Month, day and year) <u>February 6, 1927</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 6, 1927</u> , to <u>Feb 6, 1927</u> , that I last saw her alive on <u>Feb 6, 1927</u> and that death occurred on the date stated above at <u>9 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Cerebral Apoplexy</u>	
(duration) ____ yrs. ____ mos. ____ ds.	
CONTRIBUTORY (Secondary) (duration) ____ yrs. ____ mos. ____ ds.	
18 Where was disease contracted If not at place of death?	
Did an operation precede death? ____ Date of ____	
Was there an autopsy? ____	
What test confirmed diagnosis? ____	
(Signed) <u>M. L. Oswald</u> M. D. <u>Feb 9, 1927</u> , Address <u>Chelsea Mich</u>	
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)	
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Highland Cem. Ypsilanti</u> Date of Burial <u>Feb 8, 1927</u>	
20 UNDERTAKER <u>Maple &amp; Plunkett</u> Address <u>Chelsea</u>	



## 1 PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Village ChelseaRegistered No. 6City Chelsea (No.        St.        Ward       )  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Edmond John Grynuch(a) Residence. No.        St., Ward.         
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Single5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6 DATE OF BIRTH (Month, day and year.) June 11-19257 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
1 11 16

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work no

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

(c) Name of employer no9 BIRTHPLACE (city or town) (State or country) Chelsea Mich10 NAME OF FATHER Edmond Grynuch11 BIRTHPLACE OF FATHER (city or town) (State or country) Sylvan Mich12 MAIDEN NAME OF MOTHER Margery Nepleburn13 BIRTHPLACE OF MOTHER (city or town) (state or country) Chelsea Mich14 Informant Edmond Grynuch  
(Address) Chelsea Mich15 Filed Mar 9, 1927 H. Maroney  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 4 192717 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1927, to Mar 4, 1927, that I last saw him alive on Mar 4, 1927, and that death occurred on the date stated above at        m.

The CAUSE OF DEATH\* was as follows:

Broncho. pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. L. Roscoe M. D.  
Mar 4, 1927, Address Chelsea Mich

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

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

Oak Grove - Chelsea Mich Mar 6 1927

20 UNDERTAKER Address

Geo. J. Stoffan Chelsea Mich

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

MARGIN RESERVED FOR BINDING

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



MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>7</u>	
City _____		(No. _____ St. _____ Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Donald Earl Weather</u>			
(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.	
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	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.) <u>April 2 - 1927</u>			
7 AGE	Years	Months	Days
			13
If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work _____			
(b) General nature of industry, business, or establishment in which employed (or employer) _____			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) (State or country) <u>Michigan</u>			
10 NAME OF FATHER <u>Bernard Weather</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Mich</u>			
12 MAIDEN NAME OF MOTHER <u>Florence Tompkins</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Mich</u>			
14 Informant <u>Bernard Weather</u>			
(Address) <u>Chelsea Mich</u>			
15 Filed <u>April 16, 1927</u> <u>H. Mason</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>Apr 15th 1927</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 2, 1927</u> , to <u>Apr 15, 1927</u> that I last saw him alive on <u>Apr 15, 1927</u> and that death occurred on the date stated above at <u>10</u> m.			
The CAUSE OF DEATH* was as follows: <u>Purpura Neonatorum</u> <u>Interna Neonatorum</u>			
<u>Appl</u> (duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>no</u> Date of _____			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>Chemical</u>			
(Signed) <u>A. A. Palmer</u> M. D.			
<u>Apr 16, 1927</u> Address <u>Chelsea</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL		Date of Burial	
<u>Oak Grove Cemetery</u>		<u>Apr 17 1927</u>	
20 UNDERTAKER		Address	
<u>Maple &amp; Harburt</u>		<u>Chelsea</u>	



## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

1 PLACE OF DEATH

County WashtenawTownship ChelseaVillage ChelseaCity Chelsea(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Louisa Lutz(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. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed or Divorced (write the word.)

Female white Married

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

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

Apr 1 - 1846

7 AGE

Years

Months

Days

If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

80714

8 OCCUPATION OF DECEASED

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

none

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

(c) Name of employer

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

Michigan10 NAME OF FATHER Conrad Lantz

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

Pennsylvania12 MAIDEN NAME OF MOTHER Christina

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

Germany14 Informant Mrs. John Kalmbach  
(Address) Chelsea Mich.15 Filed Apr 20, 1927 H. H. Harns  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year)

April 15th 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 4, 1927, to April 14, 1927.that I last saw her alive on April 14, 1927 and that death occurred on the date stated above at 11 p.m.

The CAUSE OF DEATH\* was as follows:

Progressive Asthma following attack of influenza in March

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary)

(duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Chemical(Signed) A. A. Palmer M. D.Apr 19, 1927, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oakwood Cem ChelseaApr 19 1927

20 UNDERTAKER

Address

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



MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>	Registered No. <u>9</u>		
City _____		(No. <u>Old Peoples Home St.</u> Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Emma Anderson</u>			
(a) Residence. No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred		yrs.	mos.
		ds.	How long in U. S., if of foreign birth?
		yrs.	mos.
		ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>married</u>	
5a If married, widowed, or divorced			
HUSBAND of _____			
(or) WIFE of <u>unknown</u>			
6 DATE OF BIRTH (Month, day and year.) <u>Apr 25 - 1858</u>			
7 AGE	Years	Months	Days
	<u>69</u>	<u>0</u>	<u>6</u>
		If LESS than 1 day, ____ hrs. OR ____ min.	
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work. <u>none</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) (State or country) <u>unknown</u>			
10 NAME OF FATHER <u>unknown</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>unknown</u>			
12 MAIDEN NAME OF MOTHER <u>unknown</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>unknown</u>			
14 Informant <u>Isaac Brown</u>			
(Address) <u>Chelsea Mich</u>			
15 Filed <u>May 2, 1927</u> <u>O. G. Maroney</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>May 1</u> 19 <u>27</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 30</u> , 19 <u>27</u> , to <u>May 1</u> , 19 <u>27</u>			
that I last saw her alive on <u>May 1</u> , 19 <u>27</u> and			
that death occurred on the date stated above at <u>59</u> M.			
The CAUSE OF DEATH* was as follows:			
<u>Cerebral apoplexy</u>			
(duration) ____ yrs. ____ mos. ____ ds.			
CONTRIBUTORY (Secondary) (duration) ____ yrs. ____ mos. <u>2</u> ds.			
18 Where was disease contracted If not at place of death?			
Did an operation precede death? ____ Date of ____			
Was there an autopsy? ____			
What test confirmed diagnosis? ____			
(Signed) <u>S. G. Bush</u> M. D.			
<u>May 2, 1927</u> , Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL			
<u>Nudson Mich</u>		Date of Burial <u>May 3</u> 19 <u>27</u>	
2 UNDERTAKER			
<u>Mapes &amp; Plunkell</u>		Address <u>Chelsea</u>	



1 PLACE OF DEATH

## STATE OF MICHIGAN

County MacKenzie

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelsoRegistered No. 10

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Janette Loraine Salzgier(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed or Divorced (write the word.)

FemaleWhite5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6 DATE OF BIRTH  
(Month, day and year.)May 22 - 1927

7 AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.

OR \_\_\_\_\_ min.

3

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)Chelso Mich

10 NAME OF FATHER

Harry S. Salzgier11 BIRTHPLACE  
OF FATHER (city or town)  
(State or country)Iowa12 MAIDEN NAME  
OF MOTHEROlive Parsons13 BIRTHPLACE  
OF MOTHER (city or town)  
(state or country)Michigan

PARENTS

14 Informant

Larry Salzgier

(Address)

Chelso Mich

15 Filed

May 28, 1927

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

May 25

1927

17

I HEREBY CERTIFY, That I attended deceased from

May 24, 1927, to \_\_\_\_\_, 19\_\_\_\_that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_ and

that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Perforated DuodenumForamen Orale"Blue Baby"

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY

(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis?

Clinical

(Signed)

Geo M. Palmer

M. D.

May 27, 1927, Address Chelso Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Chelso MichMay 27 1927

20 UNDERTAKER

Address

Mapes & HarpellChelso

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>11</u>	
City _____		(No. _____ St. _____ Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Daniel Shell</u>			
(a) Residence, No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?	
yrs.	mos.	ds.	yrs. mos. ds.
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>Male</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>married</u>	
5a If married, widowed, or divorced			
HUSBAND of <u>Theresa Shell</u>			
(or) WIFE of _____			
6 DATE OF BIRTH (Month, day and year.) <u>May 3-1844</u>			
7 AGE	Years	Months	Days
	<u>83</u>	<u>4</u>	<u>13</u>
If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Train Conductor</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired 21 yrs</u>			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) (State or country) <u>Reading Pa</u>			
10 NAME OF FATHER <u>John Shell</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) _____			
12 MAIDEN NAME OF MOTHER <u>Rachel</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) _____			
14 Informant <u>Scott Shell</u>			
(Address) <u>Chelsea Mich</u>			
15 Filed <u>June 3, 1927</u> <u>H. M. Maroney</u> Registrar			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>May 15 1927</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>May 15</u> , 19 <u>27</u> , to <u>May 15</u> , 19 <u>27</u> , that I last saw him alive on <u>May 15</u> , 19 <u>27</u> , and that death occurred on the date stated above at <u>100</u> m. The CAUSE OF DEATH* was as follows: <u>Arteriosclerosis of heart</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) <u>Hypostatic pneumonia</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted If not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>S. B. Bush</u> M. D.			
May 16, 1927, Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Grass Lake Cem. Grange</u>			
Date of Burial <u>May 15 1927</u>			
2 UNDERTAKER <u>Geo. Stoffan</u>			
Address <u>Chelsea</u>			



1 PLACE OF DEATH  
County Washtenaw  
Township \_\_\_\_\_  
Village Chelsea

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

TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 12

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

2 FULL NAME Thelma Shell

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (Month, day and year) May 30 1927

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

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6 DATE OF BIRTH (Month, day and year.) July 26, 1848

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date stated above at \_\_\_\_\_m.

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
78 10 4

The CAUSE OF DEATH\* was as follows:  
Malignancy Gall bladder

8 OCCUPATION OF DECEASED

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

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (city or town) (State or country) Glen Rock Mich

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10 NAME OF FATHER Frank

18 Where was disease contracted if not at place of death? \_\_\_\_\_

11 BIRTHPLACE OF FATHER (city or town) (State or country) \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

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

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

May 30, 1927, Address Chelsea Mich

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

14 Informant Scott Shell (Address) Chelsea Mich

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cross Lake Cem. Cross Lake Date of Burial June 1 1927

15 Filed June 3, 1927 H. M. Mason Registrar

20 UNDERTAKER Geo. P. Stoffan Address Chelsea

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



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

## 1 PLACE OF DEATH

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 13(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Caroline Strahl(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX \_\_\_\_\_ 4 Color or Race \_\_\_\_\_ 5 Single, Married, Widowed or Divorced (write the word.) \_\_\_\_\_

Female white Single

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

6 DATE OF BIRTH (Month, day and year.) April 12-18737 AGE Years Months Days IF LESS than  
54 2 4 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer Own home9 BIRTHPLACE (city or town) Lodi, Wis.  
(State or country) Michigan10 NAME OF FATHER John Strahl11 BIRTHPLACE OF FATHER (city or town) Muttenburg  
(State or country) Germany12 MAIDEN NAME OF MOTHER Sophia Ruess13 BIRTHPLACE OF MOTHER (city or town) Michigan  
(state or country)14 Informant John Strahl  
(Address) Chelsea Mich15 Filed June 20, 1927 H. M. Mowbray  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 17 192717 I HEREBY CERTIFY, That I attended deceased from June 5, 1927, to June 16, 1927 that I last saw her alive on June 16, 1927 and that death occurred on the date stated above at 11:50 a.m. The CAUSE OF DEATH\* was as follows:Coronary Artery Disease

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Arteriosclerosis  
(Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 Where was disease contracted  
If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? Examination(Signed) M. L. DeLoach M. D.6/17, 1927, Address Chelsea

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove - Chelsea MichDate of Burial June 20 19272 UNDERTAKER Geo P. HoffmanAddress Chelsea Mich



I PLACE OF DEATH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County WashtenawTownship SylvanVillage Chelsea

City \_\_\_\_\_

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

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 142 FULL NAME Albert Nicholi(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) married5a If married, widowed, or divorced  
HUSBAND of Christina Bauer Nicholi  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year.) Feb 22 - 18767 AGE Years Months Days If LESS than  
51 3 16 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist  
(b) General nature of industry, business, or establishment in which employed (or employer) machine Shop.  
(c) Name of employer Chelsea Found Co.9 BIRTHPLACE (city or town) (State or country) Stoughton Mich

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany12 MAIDEN NAME OF MOTHER Susan Hofmaster13 BIRTHPLACE OF MOTHER (city or town) (state or country) Mo.14 Informant Mrs A Nicholi  
(Address) Chelsea Mich15 Filed June 30, 1927 H. Naroney Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 8 1927

17 I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ and

that death occurred on the date stated above at 537 m.

The CAUSE OF DEATH\* was as follows:

Anginous Pectoris

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Arterio Sclerosis  
(Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) H. G. Buel M. D.  
6/9, 1927 Address Chelsea Mich

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

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

Oak Grove Cem Chelsea June 12 1927

20 UNDERTAKER Address

Geo. P. Stoffan ChelseaMARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.



## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

I PLACE OF DEATH

County Macquinn

Township \_\_\_\_\_

Village Chelso

City \_\_\_\_\_

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

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 152 FULL NAME Rev. Gurgus Jones(a) Residence. No. Old Peoples Home St., Ward. \_\_\_\_\_ (If non-resident give city or town and State.)  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Widowed5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Jones6 DATE OF BIRTH (Month, day and year.) June 10, 18487 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
79 1 2

## 8 OCCUPATION OF DECEASED

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

(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) London England10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Mrs. Brasco (Address) Chelso Mich15 Filed July 9, 1927 H. Maroney Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 15 1927

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

General Embolism

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY conclusion of lungs (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 Where was disease contracted If not at place of death? by walkingDid an operation precede death? white Date of \_\_\_\_\_Was there an autopsy? yes

What test confirmed diagnosis? \_\_\_\_\_

(Signed) M. L. Scheld M. D.July 17, 1927, Address Chelso Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Old Grove - Chelso July 15 19272 UNDERTAKER Mapes & Plunkett Chelso

Address \_\_\_\_\_

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



I PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Village ChelseaRegistered No. 16

City \_\_\_\_\_

(No. Old Peoples Home St. Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Henry D. Kirtland(a) Residence. No. Swivel Mich

(Usual place of abode.)

St., Ward.

Length of residence in city or town where death occurred

yrs. 1 mos. \_\_\_\_\_

ds. \_\_\_\_\_

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

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced HUSBAND of Ursula Kirtland (or) WIFE of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year.) Sept 4 - 18447 AGE Years 83 Months 10 Days 23 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

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

(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Roseton, New York10 NAME OF FATHER James11 BIRTHPLACE OF FATHER (city or town) (State or country) Fairfield Conn12 MAIDEN NAME OF MOTHER Rosannah Hayes13 BIRTHPLACE OF MOTHER (city or town) (state or country) not known

PARENTS

14 Informant Harry Godrich (Address) Swivel Mich15 Filed Aug 28, 1927 Chenoweth Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 28 192717 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1927, to Aug 28, 1927 that I last saw him alive on Aug 28, 1927 and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Cerebral Embolism  
thromboses(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.CONTRIBUTORY Arterial lungs (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) S. G. Paul M. D.Aug 28, 1927, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Swivel Mich Date of Burial 8/30 192720 UNDERTAKER Harry Godrich Address Swivel

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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1 PLACE OF DEATH				STATE OF MICHIGAN	
County <u>Tashewau</u>				Department of State—Division of Vital Statistics	
Township <u>Sylvan</u>				TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>				Registered No. <u>17</u>	
City _____				(No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Ellen L. Steere</u>					
(a) Residence. No. <u>M. E. Home</u> St., Ward. _____					
(Usual place of abode.) (If non-resident give city or town and State.)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Single</u>			
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6 DATE OF BIRTH (Month, day and year.) <u>Oct 15-1849</u>					
7 AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. OR _____ min.	
<u>77</u>	<u>10</u>	<u>11</u>			
8 OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Rel. Operator</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired</u>					
(c) Name of employer _____					
9 BIRTHPLACE (city or town) (State or country) <u>Cincinnati Ohio</u>					
10 NAME OF FATHER <u>Wm W Steere</u>					
11 BIRTHPLACE OF FATHER (city or town) (State or country) _____					
12 MAIDEN NAME OF MOTHER <u>Elizabeth Deal</u>					
13 BIRTHPLACE OF MOTHER (city or town) (state or country) _____					
14 Informant <u>J. B. Bresnahan</u> Date of Burial _____ (Address) <u>Chelsea Mich</u>					
15 Filed <u>Aug 29, 1927</u> Registrar <u>H. Maroney</u>					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH (Month, day and year) <u>Aug 26 1927</u>					
17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____					
that I last saw h_____ alive on _____, 19____ and that death occurred on the date stated above at _____ m.					
The CAUSE OF DEATH* was as follows: <u>Apoplexy</u>					
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.					
18 Where was disease contracted If not at place of death? _____					
Did an operation precede death? _____ Date of _____					
Was there an autopsy? _____					
What test confirmed diagnosis? _____					
(Signed) <u>M. L. Hubbard</u> M. D. <u>Aug 27, 1927</u> Address <u>Chelsea Mich</u>					
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)					
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Calo Mich</u> Date of Burial <u>Aug 28, 1927</u>					
2 UNDERTAKER <u>Geo C. Hoffman</u> Address <u>Chelsea</u>					



1 PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County Washtenaw

Township Sylvan

Village Chelsea

TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 18

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

2 FULL NAME Edward A Ward

(a) Residence. No.        St., Ward.         
(Usual place of abode.)  
Length of residence in city or town where death occurred 9 yrs.        mos.        ds. How long in U. S., if of foreign birth?        yrs.        mos.        ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7 AGE Years 82 Months 8 Days 12 If LESS than 1 day,        hrs.        min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (State or country) Longstone Co Mich

10 NAME OF FATHER Alvin Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Mary Ellen Lampire

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

14 Informant Emerson Lesser (Address) Chelsea Mich

15 Filed Sept 10, 1927 Honourable Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept 8 1927

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

that I last saw h.        alive on       , 19       and that death occurred on the date stated above at 3.0 m.

The CAUSE OF DEATH\* was as follows: Cerebric Anemia

(duration) 3 yrs.        mos.        ds.

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

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

Did an operation precede death?        Date of       

Was there an autopsy?       

What test confirmed diagnosis? Blood Examination

(Signed) M. D. Lesser M. D. Sept 9, 1927 Address Chelsea Mich

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

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

Sylvan Co. Chelsea Sept 11, 1927

20 UNDERTAKER Address Geo Stoffan Chelsea

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MARGIN RESERVED FOR BINDING



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

## 1 PLACE OF DEATH

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Macomb

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

(No. Old Peoples Home St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Registered No. 192 FULL NAME Louis Agrest(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year.) Feb 6 - 18437 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
84 7 12

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) unknown10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Leona Brown  
(Address) Chelsea Mich15 Filed Sept 20, 1927 O. Maroney  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept 18 192717 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1927, to Sept 18, 1927  
that I last saw him alive on Sept 18, 1927 and that death occurred on the date stated above at 9 P. m.

The CAUSE OF DEATH\* was as follows:

Cerebral Thrombosis(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.CONTRIBUTORY Hypertensive pneumonia  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) St. Bush M. D.  
Sept 19, 1927, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Romeo Mich Sept 21 1927

2 UNDERTAKER

Mayer & Plankell Chelsea



MARGIN RESERVED FOR BINDING  
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## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

I PLACE OF DEATH

County WashtenawTownship ChelseaVillage ChelseaCity Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20(No. Old Peoples Home St. Chelsea Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Gertrude Hopkins(a) Residence. No. Chelsea St., Ward. Chelsea (Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced HUSBAND or (or) WIFE of Stephen Hopkins6 DATE OF BIRTH (Month, day and year.) April 18-18507 AGE Years 77 Months 5 Days 6 If LESS than 1 day, hrs. OR min.

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

PARENTS

14 Informant Mrs. Leas Brown (Address) Chelsea15 Filed Sept 27, 1927 Obituary Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept 28 192717 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1927, to Sept 26, 1927, that I last saw him alive on Sept 26, 1927, and that death occurred on the date stated above at 8 p.m. The CAUSE OF DEATH\* was as follows:  
Acute Myocarditis

(duration) yrs. mos. ds.

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

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) St. Paul M. D. Sept 26 1927 Address Chelsea

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

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

Lapeer Mich Sept 27 1927

20 UNDERTAKER Address

Moses & Russell Chelsea



## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

1 PLACE OF DEATH

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

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

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 212 FULL NAME Maryella Augusta Isham(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX \_\_\_\_\_ 4 Color or Race \_\_\_\_\_ 5 Single, Married, Widowed or Divorced (write the word.) \_\_\_\_\_

Female White Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Almon Isham6 DATE OF BIRTH (Month, day and year) March 2 - 18477 AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
80 6 24

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Michigan10 NAME OF FATHER Amasa Leland11 BIRTHPLACE OF FATHER (city or town) (State or country) New York12 MAIDEN NAME OF MOTHER Sarah Bullard13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

PARENTS

14 Informant Benjamin Isham  
(Address) Chelsea Mich15 Filed Sept 27, 1927 Pharoney  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept 26 192717 I HEREBY CERTIFY, That I attended deceased from June 30, 1927, to Sept 26, 1927, that I last saw her alive on Sept 26, 1927, and that death occurred on the date stated above at 8 1/2 m.

The CAUSE OF DEATH\* was as follows:

General apoplexy(duration) \_\_\_\_\_ yrs. 3 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) St. Bush M. D.  
Sept 26, 1927, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lincoln Mich Date of Burial Sept 29 19272 UNDERTAKER Mayer & Hankell Address Chelsea

MARGIN RESERVED FOR BINDING

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



I PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Village \_\_\_\_\_

Registered No. 22City Chelsea

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

2 FULL NAME Chas R. Coe

(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.

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed or Divorced (write the word.)

maleWhiteSingle

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

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

July 28, 1848

7 AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.

OR \_\_\_\_\_ min.

8028

8 OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

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

Chick Co. Penn

10 NAME OF FATHER

Chas R. Coe

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

12 MAIDEN NAME OF MOTHER

Fucetta Wells

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

14

Informant

Dr Babner

(Address)

Chelsea Mich

15

Filed

Oct 16, 1927H. Maroney

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

Oct 61927

17

I HEREBY CERTIFY, That I attended deceased from

Oct 11927to Oct 61927that I last saw him alive on Oct 6, 1927 andthat death occurred on the date stated above at 34 m.

The CAUSE OF DEATH\* was as follows:

General Apoplexy(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

CONTRIBUTORY

(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed)

Dr. Bush

M. D.

10/161927Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oak Grove Cemetery10/17 1927

20 UNDERTAKER

Address

Geo. HoffmanChelsea

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

MARGIN RESERVED FOR BINDING



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

PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township <u>Sylvan</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>23</u>	
City _____		St. _____ Ward _____	
2 FULL NAME <u>Nannah May Taylor</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
(a) Residence. No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred <u>43</u> yrs. <u>6</u> mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Widow</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Taylor.</u>			
6 DATE OF BIRTH (Month, day and year.) <u>Sept 25-1846</u>			
7 AGE	Years	Months	Days
<u>83</u>	<u>0</u>	<u>28</u>	11 LESS than 1 day, _____ hrs. OR _____ min.
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Housewife</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>own home</u>			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) (State or country) <u>Egmont</u> <u>England</u>			
10 NAME OF FATHER <u>Geo. Kistland</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>England</u>			
12 MAIDEN NAME OF MOTHER <u>Jane Cook</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>England</u>			
14 Informant <u>Nanny B. Taylor.</u>			
(Address) <u>14849 Park Detroit Mich</u>			
15 Filed <u>Oct 27, 1927</u> <u>Chelso Mich</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Oct 23</u> 19 <u>27</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 22</u> , 19 <u>27</u> , to <u>Oct 23</u> , 19 <u>27</u>			
that I last saw her alive on <u>23rd</u> , 19 <u>27</u> , and that death occurred on the date stated above at <u>9:00</u> m.			
The CAUSE OF DEATH* was as follows: <u>Cerebral apoplexy</u> <u>Sym. Hemiplegia</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>A. J. Palmer</u> M. D.			
<u>Oct 20, 1927</u> , Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>O. Grove Cem. Chelsea</u> Date of Burial <u>Oct 26 1927</u>			
2 UNDERTAKER <u>Geo. O. Stappan</u> Address <u>Chelsea Mich</u>			



# PLACE OF DEATH

County Washtenaw

Township \_\_\_\_\_

Village Chelsea

City \_\_\_\_\_

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

2 FULL NAME Carl Charles Rack

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

## PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mar. 10-1860

6 DATE OF BIRTH (Month, day and year) \_\_\_\_\_

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
67 7 16

## 8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (State or country) Penn.

10 NAME OF FATHER Mr Rack

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

12 MAIDEN NAME OF MOTHER Catherine Samardich

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

14 Informant Mr. C. C. Rack (Address) Chelsea Mich

15 Filed Oct 27, 1927 Of Maroney Registrar

# STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 24

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 26 1927

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Oct 26, 1927, that I last saw him live on Oct 26, 1927, and that death occurred on the date stated above at 19 m.

The CAUSE OF DEATH\* was as follows:  
Chronic Myocarditis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) St. Bunk M. D.

1927, Address Chelsea Mich

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

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

St. Jacobs - Catholic Church Oct 27 1927

20 UNDERTAKER Address \_\_\_\_\_

Mapes & Penhall Chelsea

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

MARGIN RESERVED FOR BINDING



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

## I PLACE OF DEATH

County MontereyTownship SylvanVillage Chelsea

City \_\_\_\_\_

2 FULL NAME John M. Halsey

(a) Residence. No. \_\_\_\_\_

(Usual place of abode.)

Length of residence in city or town where death occurred 2 yrs. 11 mos.(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred 2 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) married5a If married, widowed, or divorced  
HUSBAND of Anna Halsey  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year.) May 12 - 18977 AGE Years 59 Months 4 Days 18 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Turner  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired  
(c) Name of employer 2 yrs. 11 mo9 BIRTHPLACE (city or town) Co. Cork  
(State or country) Ireland10 NAME OF FATHER Thos Halsey11 BIRTHPLACE OF FATHER (city or town) Co. Cork  
(State or country) Ireland12 MAIDEN NAME OF MOTHER Ellen Medel13 BIRTHPLACE OF MOTHER (city or town) Co. Limerick  
(state or country) Ireland14 Informant Anna Halsey  
(Address) Chelsea Mich15 Filed Nov 4, 1927 Donaroney  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 30 192717 I HEREBY CERTIFY, That I attended deceased from Jan, 1927, to Oct 30, 1927  
that I last saw him alive on Oct 29, 1927, and  
that death occurred on the date stated above at 10:45 a.m.

The CAUSE OF DEATH\* was as follows:

Chronic Interstitial  
myocarditisOld Age (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.CONTRIBUTORY (Secondary) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 Where was disease contracted  
If not at place of death? \_\_\_\_\_Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. F. Halsey M. D.  
Oct 31, 1927 Address Chelsea

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Church Cem. Chelsea Date of Burial Nov 2 19272 UNDERTAKER Geo. R. Stappan Address Chelsea



TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 26

County Washtenaw  
Township Albion  
Village Albion  
City \_\_\_\_\_

(No. 325 Carfield St St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Maria Grey

(a) Residence. No. South St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widow

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

6 DATE OF BIRTH (Month, day and year.) Nov 11 - 1838

7 AGE Years 88 Months 11 Days 29 If LESS than 1 day, \_\_\_\_\_ hrs. OR, \_\_\_\_\_ min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Beuren, Prussia  
(State or country) Germany

PARENTS

10 NAME OF FATHER Oskar

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

12 MAIDEN NAME OF MOTHER Mary Oskar

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

14 Informant A. Guide  
(Address) Chelaca Mich

15 Filed Nov 27 1927 Pharocytes  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov 10 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Nov 10, 1927, that I last saw her alive on Nov 10, 1927, and that death occurred on the date stated above at 4:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Cardiovascular - Renal Disease  
Oedema Thoracico Legu

CONTRIBUTORY (Secondary)

18 Where was disease contracted if not at place of death? \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Andras Guide M. D.  
Nov 11, 1927, Address Chelaca Mich

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

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

O'Grone Cem Chelaca Nov 13 1927

20 UNDERTAKER Address  
Bro. P. Stoppa Chelaca

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

MARGIN RESERVED FOR BINDING



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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>27</u>	
City _____		(No. <u>Old Peoples Home</u> St. _____ Ward) _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>John D. Edwards</u>			
(a) Residence, No. <u>Old Peoples Home</u> St., Ward. _____ (Usual place of abode.) (If non-resident give city or town and State.)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Widowed</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6 DATE OF BIRTH (Month, day and year.) <u>Dec - 4 - 1834</u>			
7 AGE	Years	Months	Days
<u>93</u>	<u>0</u>	<u>6</u>	If LESS than 1 day, _____ hrs. OR _____ min.
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>none.</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) (State or country) <u>New York.</u>			
10 NAME OF FATHER <u>unknown</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>unknown</u>			
12 MAIDEN NAME OF MOTHER <u>unknown</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>unknown</u>			
14 Informant <u>Rev. Palmer.</u> (Address) <u>Chelsea Mich</u>			
15 Filed <u>Dec 13, 1927</u> <u>C. C. Maroney</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Dec. 10</u> 19 <u>27</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 10</u> , 19 <u>27</u> , to <u>Dec 10</u> , 19 <u>27</u> that I last saw him alive on <u>Dec 10</u> , 19 <u>27</u> , and that death occurred on the date stated above at <u>2 p.</u> m. The CAUSE OF DEATH* was as follows: <u>Cerebral Apoplexy?</u> <u>Found dead in bed</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>no</u> Date of _____			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>Chenoid Autopsy</u>			
(Signed) <u>G. A. Palmer.</u> M. D. <u>Dec 13, 1927</u> , Address <u>Chelsea</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>New Haven Mich</u> Date of Burial <u>Dec 12 1927</u>			
2 UNDERTAKER <u>Mapes &amp; Haskell</u> Address <u>Chelsea</u>			



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

I PLACE OF DEATH

STATE OF MICHIGAN

County Macomb

Department of State—Division of Vital Statistics

Township

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 28

City

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Theresa Cook

(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 PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed or Divorced (write the word.)

FemaleColoredmarried5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Harrison Cook6 DATE OF BIRTH  
(Month, day and year.)1870

7 AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
OR \_\_\_\_\_ min.57

8 OCCUPATION OF DECEASED

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

housewife

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

at home

(c) Name of employer

9 BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)Berksville Kentucky10 NAME OF FATHER Joe Hargen11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_  
(State or country)

12 MAIDEN NAME OF MOTHER

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

PARENTS

14 Informant Harrison Cook(Address) Chelsea Mich15 Filed Dec 22, 1927By O. C. Maroney

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

Dec 5192717 I HEREBY CERTIFY, That I attended deceased from  
Nov 18, 1927, to Dec 5, 1927.that I last saw her alive on Dec 4, 1927 and  
that death occurred on the date stated above at 9 a m.

The CAUSE OF DEATH\* was as follows:

myocarditis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Geo. M. Palmer M. D.Dec 5, 1927, Address Chelsea\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state  
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
(See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oakwood Cem. Chelsea MichDec 7 1927

20 UNDERTAKER

Address

Geo. C. HoffmanChelsea Mich



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

## PLACE OF DEATH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County WestlandTownship SylvanVillage Chelsea

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Registered No. 292 FULL NAME Eizabeth Campbell(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed5a If married, widowed, or divorced  
HUSBAND of Benjamin Campbell  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year) Sept -7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
78 3 15

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer9 BIRTHPLACE (city or town) (State or country) Scotland Wick10 NAME OF FATHER Donald Campbell11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland12 MAIDEN NAME OF MOTHER Eizabeth Hald13 BIRTHPLACE OF MOTHER (city or town) (state or country) Wick14 Informant Mrs. Margaret Gunkel  
(Address) Chelsea Wick15 Filed Dec 26, 1927 P. J. Maroney  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 22 192717 I HEREBY CERTIFY, That I attended deceased from Nov -, 1927, to Dec 22, 1927that I last saw him alive on Dec 22, 1927 and that death occurred on the date stated above at 26 m.

The CAUSE OF DEATH\* was as follows:

Pericarditis Anosmia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. B. Gunkel M. D.Dec 26, 1927, Address Chelsea

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

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

Scotland Wick Dec 26 1927

2 UNDERTAKER Address

Mapes & Parkell Chelsea



## I PLACE OF DEATH

## STATE OF MICHIGAN

County Macomb

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 30

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Albert N. Gutherie(a) Residence. No. 214 N. Middle 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.  
(If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Miss Fisher6 DATE OF BIRTH (Month, day and year.) March 4 th 18577 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
70 9 24

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mich10 NAME OF FATHER John Gutherie11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland12 MAIDEN NAME OF MOTHER Eliza Logan13 BIRTHPLACE OF MOTHER (city or town) (state or country) Scotland14 Informant Mrs. Mabel Kappel (Address) Chelsea Mich15 Filed Jan 3, 1928 O. J. Maroney Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 28 192717 I HEREBY CERTIFY, That I attended deceased from Nov, 1927, to Dec 28, 1927 that I last saw him alive on Dec 28, 1927 and that death occurred on the date stated above at 1:30 p.m.

The CAUSE OF DEATH\* was as follows:

Lymph. Sarcoma  
Cervical glands

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Roberts M. D.Dec 29, 1927 Address Chelsea Mich

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

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

Maple Grove, Lyran Jan 1, 1928

20 UNDERTAKER Address

Maple & Plunkett Chelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Macomb</u>		Department of State--Division of Vital Statistics	
Township _____		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>31</u>	
City _____		(No. <u>Old Peoples Home</u> St. _____ Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Emily Glazier</u>			
(a) Residence. No. _____ St., Ward. _____			
(Usual place of abode.)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Widowed</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Geo. P. Glazier</u>			
6 DATE OF BIRTH (Month, day and year.) <u>June 20 - 1841</u>			
7 AGE	Years <u>86</u>	Months <u>6</u>	Days <u>10</u>
	If LESS than 1 day, _____ hrs. OR _____ min.		
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>none</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) (State or country) <u>Brooklyn Mich</u>			
10 NAME OF FATHER <u>Henry J. Stinson</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>New York</u>			
12 MAIDEN NAME OF MOTHER <u>Mrs. Althea</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>unknown</u>			
14 Informant <u>Mrs. Henry Glazier</u>			
(Address) <u>ann arbor Mich</u>			
15 Filed <u>Jan 4, 1928</u> Registrar. <u>Emmery</u>			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>December, 30 1927</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 1</u> , 1927, to <u>Dec 30</u> , 1927			
that I last saw him alive on <u>Dec 30</u> , 1927 and that death occurred on the date stated above at <u>12 P.M.</u>			
The CAUSE OF DEATH* was as follows: <u>various Intestines (?)</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? <u>Physic only</u>			
(Signed) <u>St. Bush</u> M. D.			
Jany 3, 19 28 Address <u>Chelsea</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL		Date of Burial	
<u>Oak Grove Chelsea</u>		<u>Jan 2 1928</u>	
20 UNDERTAKER		Address	
<u>Mary &amp; Frankell</u>		<u>Chelsea</u>	



I PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 32

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Mary Schiller

(a) Residence, No. \_\_\_\_\_ St., Ward. \_\_\_\_\_

(Usual place of abode.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed or Divorced (write the word.)

Female white Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

John Schiller

6 DATE OF BIRTH (Month, day and year)

Dec 17-1872

7 AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.

OR \_\_\_\_\_ min.

54 10 9

8 OCCUPATION OF DECEASED

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

Housewife

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

Own Home

(c) Name of employer

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

Detroit Mich

10 NAME OF FATHER

Geo Hedrick

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

Germany

12 MAIDEN NAME OF MOTHER

Loel

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

Germany

14 Informant

Eddie Schiller

(Address)

Chelsea

15 Filed

Jan 4, 1928J. Maroney

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

Dec 26 1927

17

I HEREBY CERTIFY, That I attended deceased from

Dec 12, 1927, to Dec 26, 1927that I last saw him alive on Dec 26, 1927, andthat death occurred on the date stated above at 4 p.m.

The CAUSE OF DEATH\* was as follows:

Bronchitis Pneumonia(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

CONTRIBUTORY

(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death?

Date of \_\_\_\_\_

Was there an autopsy?

What test confirmed diagnosis?

Physical

(Signed)

J. H. Schmidt

M. D.

Jan 4, 1928

Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oak Grove Chelsea12/29 1927

20 UNDERTAKER

Address

Geo O'SullivanChelsea

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

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

MARGIN RESERVED FOR BINDING

PARENTS



## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## 1 PLACE OF DEATH

County WashtenawTownship SylvanVillage Chelsea

City \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1(No. With Old Peoples Home St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Sarah C Stevens(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year.) April 14 - 18447 AGE Years 83 Months 9 Days 14 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Michigan  
(State or country)10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (city or town) unknown  
(State or country)12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) unknown  
(state or country)14 Informant Mrs Balmer  
(Address) Chelsea Mich15 Filed July 28, 1928 C. J. Maroney  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July - 28 192817 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 27, 1928 that I last saw her alive on July 27, 1928 and that death occurred on the date stated above at 99 m. The CAUSE OF DEATH\* was as follows:Encephalitis  
Hemiplegia (Right)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Senile Degeneration  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
if not at place of death? \_\_\_\_\_Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) A. A. Palmer M. D.July 28 1928 Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Grove Mt Clemens Date of Burial July 30 19282 UNDERTAKER Mayer & Phibell Address Chelsea

MARGIN RESERVED FOR BINDING

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

PARENTS



## 1 PLACE OF DEATH

County

Washtenaw

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

Township

Village

Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 2

City

(No. MC Home)

St.

Ward)

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

2 FULL NAME

Elizabeth Ford

(a) Residence. No.

St., Ward.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

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

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

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 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)

1928

17

I HEREBY CERTIFY, That I attended deceased from

Dec 25, 1927, to Jan 2, 1928that I last saw him alive on Jan 2, 1928 and that death occurred on the date stated above at — m.

The CAUSE OF DEATH\* was as follows:

Cerebral apoplexy

6 DATE OF BIRTH

(Month, day and year.)

Jan 20 - 1846

7 AGE

Years

Months

Days

If LESS than

1 day, ..... hrs.

OR ..... min.

81118

8 OCCUPATION OF DECEASED

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

Retired

(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)

Middleburg Ohio

10 NAME OF FATHER

Alsbaugh

11 BIRTHPLACE

OF FATHER (city or town)

(State or country)

unknown

12 MAIDEN NAME

OF MOTHER

unknown

13 BIRTHPLACE

OF MOTHER (city or town)

(state or country)

unknown

14

Informant

Dr. Belmer Supp

(Address)

Chelsea

15

Filed

Jan 4, 1928P. C. Maroney

Registrar

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Adrian MichJan 4 1928

20 UNDERTAKER

Address

Geo P. StoffenChelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

## 1 PLACE OF DEATH

County WashtenawTownship SylvanVillage Chelsea

City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3(No. M.E. Name St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Anna L. Drew(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) widow5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles M. Drew6 DATE OF BIRTH (Month, day and year.) Oct 20 - 18497 AGE Years 78 Months 4 Days 20 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work member M.E. Name(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Lorain Ohio10 NAME OF FATHER Blodgett11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Geo P. Stoffan  
(Address) Chelsea Mich15 Filed Feb 23, 1928 AB. Maroney  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 20 192817 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1928, to Feb 20, 1928  
that I last saw her alive on Feb 20, 1928, and  
that death occurred on the date stated above at 8:30 p. m.  
The CAUSE OF DEATH\* was as follows:Myocarditis(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY arteriosclerosis  
(Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 Where was disease contracted  
If not at place of death? \_\_\_\_\_Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? Phys. Examination(Signed) A. G. Bush M. D.  
Feb 21, 1928, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Bay City Mich Date of Burial Feb 22 19282 UNDERTAKER Geo P. Stoffan Address Chelsea Mich



## I PLACE OF DEATH

County

Washtenaw

Township

Sylvan

Village

Chelsea

City

(No.

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

Ward)

2 FULL NAME

John Farrell

(a) Residence. No.

St., Ward.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

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

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 Color or Race

White

5 Single, Married, Widowed or Divorced (write the word.)

Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Ellen Farrell

6 DATE OF BIRTH

(Month, day and year.)

Dec 23-1843

7 AGE

Years

Months

Days

If LESS than

84

1

28

1 day,.....hrs.

OR.....min.

8 OCCUPATION OF DECEASED

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

Merchant

(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)

Ireland

10 NAME OF FATHER

John Farrell

11 BIRTHPLACE

OF FATHER (city or town)

(State or country)

Ireland

12 MAIDEN NAME

OF MOTHER

Margaret Duffy

13 BIRTHPLACE

OF MOTHER (city or town)

(state or country)

Ireland

14

Informant

Mrs. Ellen Farrell

(Address)

Chelsea Mich.

15

Filed

Jan 24, 1928

J. J. Maroney

Registrar.

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No.

4

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

Jan 20

1928

17

I HEREBY CERTIFY, That I attended deceased from

Jan 17, 1928, to Jan 20, 1928

that I last saw him alive on Jan 20, 1928 and

that death occurred on the date stated above at 9 m.

The CAUSE OF DEATH\* was as follows:

Fracture of Skull  
(Accidental from a fall)

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

CONTRIBUTORY

(Secondary)

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

18 Where was disease contracted

if not at place of death?

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed)

J. J. Maroney

M. D.

Jan 23, 1928 Address Chelsea Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Mt. Olivet - Chelsea

Jan 24 1928

20 UNDERTAKER

Address

Maple &amp; Plank

Chelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township <u>Sylvan</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>5</u>	
City _____		(No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Rohn Elden Munro</u>			
(a) Residence. No. _____ St., Ward. _____ (Usual place of abode.) (If non-resident give city or town and State.)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>single</u>	
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>infant</u>			
6 DATE OF BIRTH (Month, day and year.) <u>Mar 16, 1928</u>			
7 AGE	Years	Months	Days
			<u>5</u>
If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work _____			
(b) General nature of industry, business, or establishment in which employed (or employer) _____			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) (State or country) <u>Chelsea Mich</u>			
10 NAME OF FATHER <u>E. Ross Munro</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Chelsea Mich</u>			
12 MAIDEN NAME OF MOTHER <u>Verail Myers</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Armed Hill Ohio</u>			
14 Informant <u>E. Ross Munro</u> (Address) <u>Chelsea Mich</u>			
15 Filed <u>Mar 26</u> , 19 <u>28</u> <u>H. Maroney</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>January 21</u> 19 <u>28</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 16</u> , 19 <u>28</u> , to <u>Mar 21</u> , 19 <u>28</u> .			
that I last saw him alive on <u>Mar 21</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>4 P.</u> m.			
The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>M. L. Leopold</u> M. D. <u>Mar 23, 1928</u> , Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove Cemetery</u> <u>Chelsea</u> <u>Mar 22</u> 19 <u>28</u>			
2 UNDERTAKER <u>Mapes &amp; Plunkett</u> Address <u>Chelsea</u>			



1 PLACE OF DEATH  
County Macomb  
Township \_\_\_\_\_  
Village Chelsea

# STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 6

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

2 FULL NAME Alma Schanz

(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)

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

### PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year.) Mar 25-1912

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
15 11 15

### 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chelsea Mich

10 NAME OF FATHER Conrad Schanz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fenia Mass. Mich

12 MAIDEN NAME OF MOTHER Mellie Grant

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

14 Informant C. J. Schanz (Address) Chelsea Mich

15 Filed Mar 30, 1928 H. H. Maroney Registrar.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar 14 1928

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date stated above at 139 m.

The CAUSE OF DEATH\* was as follows:

apoplexy

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Previously paralyzed (Secondary)

(duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) M. L. Seibert M. D.

Mar 1, 1928, Address Chelsea Mich

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

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

St. Olavin - Chelsea Mich Mar 17 1928

20 UNDERTAKER Address

Geo. O. Seiffert

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

MARGIN RESERVED FOR BINDING



Address



## I PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Village ChelseaRegistered No. 8City Mich. Old Peoples Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Mrs Eliza Warner(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) widow5a If married, widowed, or divorced  
HUSBAND of Asa Warner  
(or) WIFE of6 DATE OF BIRTH (Month, day and year.) Jan. 25<sup>th</sup> 18487 AGE Years 80 Months 1 Days 22 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Mc Comb10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown14 Informant Dr. Palmer (Address) Chelsea Mich15 Filed March 16, 1928 W. Schuck Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) February 16<sup>th</sup> 192817 I HEREBY CERTIFY, That I attended deceased from January 2, 1928, to March 16, 1928 that I last saw her alive on March 15, 1928 and that death occurred on the date stated above at 3:30 p.m.

The CAUSE OF DEATH\* was as follows:

Chronic Parenchymatous Nephritis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Physical & Pathological Exam(Signed) D. G. Palmer, M. D.Mar 16, 1928 Address Chelsea Mich

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

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

Romeo Mich 3/16 1928

20 UNDERTAKER Address

B. I. Plunkett Chelsea Mich

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



MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township <u>St</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>9</u>	
City _____		(No. _____ St. _____ Ward _____)	
		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>EVA Eisele</u>			
(a) Residence. No. _____ St., Ward. <u>3</u>			
(Usual place of abode.) (If non-resident give city or town and State.)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? <u>40</u> yrs. mos. ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>FEMALE</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Widow</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>MARTIN Eisele</u>			
6 DATE OF BIRTH (Month, day and year.) <u>MARCH 13 1845</u>			
7 AGE	Years	Months	Days
	<u>82</u>	<u>11</u>	<u>28</u>
		II LESS than 1 day <u>1</u> hrs. OR <u>1</u> min.	
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Housewife</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>OWN HOME</u>			
(c) Name of employer			
9 BIRTHPLACE (city or town) (State or country) <u>OBERTLANDERBACH</u> <u>ELSA &amp; LOARINE</u>			
10 NAME OF FATHER <u>NICHOLAS MAYER</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>ELSA &amp; LOARINE</u> <u>FRANCE</u>			
12 MAIDEN NAME OF MOTHER <u>BARBARA</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>FRANCE</u>			
14 Informant <u>MARY HOXYMAN</u> (Address) <u>Chelsea Mich</u>			
15 Filed <u>April 2, 1928</u> <u>Miss Church</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>MARCH 13</u> 19 <u>28</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>MARCH 10, 1928</u> , to <u>MARCH 13, 1928</u>			
that I last saw her alive on <u>MARCH 13, 1928</u> and that death occurred on the date stated above at <u>6 A.</u> m.			
The CAUSE OF DEATH* was as follows: <u>Cerebral Apoplexy</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted If not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>S. S. Buch</u> , M. D. <u>March 14, 1928</u> , Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Chelsea Mich (MT Olive)</u> Date of Burial <u>March 15, 1928</u>			
2 UNDERTAKER <u>Geo. P. Slaffan</u> Address <u>Chelsea Mich</u>			



## 1 PLACE OF DEATH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County WashtenawTownship SylvanVillage ShekaneCity (No. M.E. Home)

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

2 FULL NAME Mary E. Van Bus KirkRegistered No. 10(a) Residence. No. (Usual place of abode.) St., Ward. (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widow5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Van Bus Kirk

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

7 AGE Years 94 Months 0 Days 18 If LESS than 1 day, hrs. OR min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) M.E. Home  
(c) Name of employer aged people9 BIRTHPLACE (city or town) (State or country) Chaska Minn Co10 NAME OF FATHER No information on this

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

12 MAIDEN NAME OF MOTHER

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

14 Informant D. W. J. Palmer Sup. (Address) Chelsea Mich15 Filed April 9, 1928 Registrar.

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 6 192817 I HEREBY CERTIFY, That I attended deceased from April 1-5, 1928, to April 6-8, 1928 that I last saw her alive on April 5, 1928 and that death occurred on the date stated above at 79 m.

The CAUSE OF DEATH\* was as follows:

Cerebral apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile

(duration) yrs. mos. ds.

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

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? clinical(Signed) D. C. Palmer M. D.Apr. 6, 1928, Address Chelsea Mich

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

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

Harrisville Mich 3/9 1928

20 UNDERTAKER Address

Geo. P. Stafford Chelsea MichMARGIN RESERVED FOR BINDING  
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MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Wright</u>		Department of State—Division of Vital Statistics	
Township <u>Sylvania</u>		<b>TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER</b>	
Village <u>Chelsea</u>		Registered No. <u>41</u>	
City <u>Chelsea</u>		(No. <u>Mich. Old People Home</u> St. <u>      </u> Ward <u>      </u> ) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Bartlett Pool</u>			
(a) Residence. No. <u>      </u>		St., Ward. <u>      </u>	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred		yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>male</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>married</u>	
5a If married, widowed, or divorced HUSBAND of <u>Francis Pool</u> (or) WIFE of <u>      </u>			
6 DATE OF BIRTH (Month, day and year.) <u>Sept 29-1887</u>			
7 AGE	Years	Months	Days
<u>90</u>	<u>4</u>	<u>6</u>	<u>      </u>
If LESS than 1 day, <u>      </u> hrs. OR <u>      </u> min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>      </u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>      </u>			
(c) Name of employer <u>      </u>			
9 BIRTHPLACE (city or town) (State or country) <u>Livingston N.Y.</u>			
10 NAME OF FATHER <u>Unknown</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>      </u>			
12 MAIDEN NAME OF MOTHER <u>      </u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>      </u>			
14 Informant <u>Mrs. Palmer</u>		Date of Burial <u>5/8 1928</u>	
(Address) <u>Chelsea, Mich.</u>		Place of Burial, CREMATION, OR REMOVAL <u>Remo. Mich.</u>	
15 Filled <u>May 7, 1928</u>		2 UNDERTAKER <u>Maple - Plunkell</u>	
<u>SW Schuch</u>		Address <u>Chelsea, Mich.</u>	
Registrar.			

**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH (Month, day and year) May 6 192817 I HEREBY CERTIFY, That I attended deceased from January 1928, to May 1928that I last saw him alive on May 6 1928and that death occurred on the date stated above at        m.

The CAUSE OF DEATH\* was as follows:

Myocarditis                  Several years (duration) yrs. mos. ds.CONTRIBUTORY Senile degeneration

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

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

Did an operation precede death? no Date of       Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Dr. G. A. Palmer M. D.May 7, 1928 Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Remo. Mich.2 UNDERTAKER Maple - PlunkellAddress Chelsea, Mich.



# 1 PLACE OF DEATH

# STATE OF MICHIGAN

County Madison

Department of State--Division of Vital Statistics

Township Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Village Chelsea

Registered No. 12

City Chelsea

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

2 FULL NAME Charles Michelson

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

### PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced Th. E. Home  
HUSBAND of (or) WIFE of no record

6 DATE OF BIRTH (Month, day and year.) July 16 - 1851

7 AGE Years 76 Months 10 Days 2 If LESS than 1 day, hrs. OR min.

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Locomotive Engineer

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

9 BIRTHPLACE (city or town) Lancasterburg  
(State or country) Indiana

10 NAME OF FATHER no record

11 BIRTHPLACE OF FATHER (city or town) "  
(State or country)

12 MAIDEN NAME OF MOTHER "

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

14 Informant Wm Palmer D.D.  
(Address) Supt. Chelsea

15 Filed May 23, 1928 W. Schuch  
Registrar.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to May 18, 1928

that I last saw him alive on May 17, 1928 and that death occurred on the date stated above at 2 P. m.

The CAUSE OF DEATH\* was as follows:

Arteriosclerosis (chronic nephritis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiovascular nephritis

(duration) 2 yrs. mos. ds.

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

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? clinical

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

May 19, 1928 Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Chelsea Date of Burial May 19, 28

Oak Grove Cemetery

20 UNDERTAKER Leo Stefan Address Chelsea

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

MARGIN RESERVED FOR BINDING



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

STATE OF MICHIGAN			
Department of State—Division of Vital Statistics			
I PLACE OF DEATH			
County <u>Washtenaw</u>			
Township <u>Sylvan</u>			
Village <u>Chelsea</u>			
Registered No. <u>13</u>			
City _____ (No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>James L Wade</u>			
(a) Residence. No. _____ St., Ward. _____ (Usual place of abode.) (If non-resident give city or town and State.)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>male</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>widower</u>	
5a If married, widowed, or divorced HUSBAND of <u>Maggie Savage Wade</u> (or) WIFE of			
6 DATE OF BIRTH (Month, day and year.) <u>Aug 28-1846</u>			
7 AGE	Years <u>81</u>	Months <u>8</u>	Days <u>16</u>
If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work. <u>Septon</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Cemetery</u>			
(c) Name of employer <u>St. Mary Parish</u>			
9 BIRTHPLACE (city or town) (State or country) <u>Sharon Twp. Mich.</u>			
10 NAME OF FATHER			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>No information</u>			
12 MAIDEN NAME OF MOTHER			
13 BIRTHPLACE OF MOTHER (city or town) (state or country)			
14 Informant <u>Bessie Wade Upson</u> (Address) <u>Chelsea, Mich.</u>			
15 Filed <u>May 3, 1928</u> <u>St. Clair</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>May 14</u> 19 <u>28</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>May 13, 1928</u> , to <u>May 14, 1928</u> that I last saw him alive on <u>May 14, 1928</u> and that death occurred on the date stated above at <u>1:30 p.m.</u>			
The CAUSE OF DEATH* was as follows: <u>Myocardial Insufficiency</u>			
(duration) <u>several</u> yrs. mos. ds.			
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Clinical</u>			
(Signed) <u>J. D. Wood</u> M. D. <u>May 15, 1928</u> Address <u>Chelsea</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial <u>May 18, 1928</u> <u>Millie Cemetery Chelsea Mich.</u>			
2 UNDERTAKER Address <u>Chelsea Mich.</u> <u>Geo. P. Slopan</u>			



## 1 PLACE OF DEATH

County WashtenawTownship SylvanVillage ChelseaCity Chelsea

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 14(No. Mich. Old People Home St.        Ward       )  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Flora Ellsworth(a) Residence. No.        St., Ward.         
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Single5a If married, widowed, or divorced HUSBAND of (or) WIFE of       6 DATE OF BIRTH (Month, day and year.) Jan 11, 18567 AGE Years 72 Months 4 Days 6 If LESS than 1 day, hrs. OR min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work       (b) General nature of industry, business, or establishment in which employed (or employer)       (c) Name of employer       9 BIRTHPLACE (city or town) (State or country) Sylvan Twp. Wash.10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) Washtenaw Co.12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country)       14 Informant Mrs. Balmer (Address) Chelsea, Mich.15 Filed May 31, 1928 Registrar. W. Debeek

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 17th 192817 I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 17, 1928, that I last saw him alive on May 16, 1928, and that death occurred on the date stated above at        m.

The CAUSE OF DEATH\* was as follows:

Central apoplexy.(duration) yrs. mos. ds. 5CONTRIBUTORY (Secondary) Senility.(duration) yrs. mos. ds.       18 Where was disease contracted if not at place of death?       Did an operation precede death? No Date of       Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) C. E. Palmer M. D., 19 28, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL H. Watrous, Mich. Date of Burial 5/19 192820 UNDERTAKER Moses & Blankell Address Chelsea, Mich.

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

## 1 PLACE OF DEATH

County LechmanTownship SylvanVillage Chelsea

City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 15City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME John Mc Kernan(a) Residence. No. Lincoln St., Ward. \_\_\_\_\_  
(Usual place of abode.)Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced HUSBAND of Ellen  
(or) WIFE of Elizabeth Mc Kernan6 DATE OF BIRTH (Month, day and year.) May 17 - 18447 AGE Years 84 Months — Days 7 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer(b) General nature of industry, business, or establishment in which employed (or employer) Farmer(c) Name of employer owner9 BIRTHPLACE (city or town) Sydney N.Y.  
(State or country) Chelsea, Mich.10 NAME OF FATHER Ross McKernan11 BIRTHPLACE OF FATHER (city or town) Ireland  
(State or country)12 MAIDEN NAME OF MOTHER Catherine Duffy13 BIRTHPLACE OF MOTHER (city or town) Ireland  
(state or country)14 Informant Mrs. J. Mc Kernan  
(Address) Chelsea, Mich.15 Filed May 31, 1928 S. W. Schuch  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 24 19 2817 I HEREBY CERTIFY, That I attended deceased from 1 19 28 to May 24 19 28that I last saw him alive on May 24 19 28 and that death occurred on the date stated above at 10:30 a.m.

The CAUSE OF DEATH\* was as follows:

Aracomic Poisoning

(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(duration) \_\_\_\_\_ yrs. mos. ds.

18 Where was disease contracted  
if not at place of death? \_\_\_\_\_Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. L. Wood M. D.May 25, 1928 Address Chelsea, Mich.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Oliver (Chelsea, Mich.) Date of Burial May 24 19 282 UNDERTAKER Geo. Sloppan Address Chelsea, Mich.



# STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 16

PLACE OF DEATH  
County Wayne  
Township Sylvan  
Village Chelsea  
City Chelsea

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

2 FULL NAME Emilie Fischer

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

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed

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

6 DATE OF BIRTH (Month, day and year.) Oct 16 - 1842

7 AGE Years 85 Months 7 Days 4 If LESS than 1 day, hrs. OR min.

### 8 OCCUPATION OF DECEASED

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

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

### 10 NAME OF FATHER

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

12 MAIDEN NAME OF MOTHER Gebauer

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

14 Informant Louis W. Mans (Address) Chelsea, Mich.

15 Filed May 31, 1928 J. W. Schenk Registrar.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 20 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/9, 1925, to May 13, 1928 that I last saw him alive on May 13, 1928 and that death occurred on the date stated above at 8 P. m.

The CAUSE OF DEATH\* was as follows:

Cardiovascular Renal Disease  
Senile Dementia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Anders Gulde M. D. May 27, 1928, Address Chelsea

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial May 23, 1928

Our Cem. Chelsea

20 UNDERTAKER Address Chelsea

Geo. Stopan

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



MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township <u>Sylvan</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>17</u>	
City <u>Chelsea</u>		(No. <u>Mich. Old People Home</u> St. <u>    </u> Ward <u>    </u> ) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Learie Selma Mix</u>			
(a) Residence. No. <u>    </u> St., Ward. <u>    </u>		(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. ds.		yrs. mos. ds.	
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3 SEX <u>Female</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>widowed</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>    </u>			
6 DATE OF BIRTH (Month, day and year.) <u>April 14-1849</u>			
7 AGE <u>79</u> Years	Months <u>1</u>	Days <u>17</u>	If LESS than 1 day, <u>    </u> hrs. OR <u>    </u> min.
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Housewife</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) (State or country) <u>Veroy, Mich</u>			
10 NAME OF FATHER <u>unknown</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>    </u>			
12 MAIDEN NAME OF MOTHER <u>    </u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>    </u>			
14 Informant <u>The Balmer</u> (Address) <u>Chelsea Mich</u>			
15 Filed <u>June 4, 1928</u> <u>S. W. Scheel</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
16 DATE OF DEATH (Month, day and year) <u>May 31st</u> 19 <u>28</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>May 24</u> , 19 <u>28</u> , to <u>May 31</u> , 19 <u>28</u> , that I last saw her alive on <u>May 30</u> , 19 <u>28</u> and that death occurred on the date stated above at <u>19</u> m. The CAUSE OF DEATH* was as follows: <u>Broncho Pneumonia</u>			
(duration) <u>    </u> yrs. <u>    </u> mos. <u>    </u> ds.			
CONTRIBUTORY (Secondary) <u>influenza</u> (duration) <u>    </u> yrs. <u>    </u> mos. <u>    </u> ds.			
18 Where was disease contracted If not at place of death? <u>no</u>			
Did an operation precede death? <u>no</u> Date of <u>    </u>			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>Clinical</u> (Signed) <u>G. G. Palmer</u> M. D. , 19 <u>    </u> , Address <u>Chelsea</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. Charles Church</u> Date of Burial <u>6/2</u> 19 <u>28</u>			
2 UNDERTAKER <u>Maple Park</u> Address <u>Chelsea Mich</u>			



## I PLACE OF DEATH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County WashtenawTownship LyonsVillage Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7018City Chelsea (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Bertala Leick(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Single

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

6 DATE OF BIRTH (Month, day and year) July 6 - 19017 AGE Years 26 Months 11 Days 5 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

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

(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Living Township  
(State or country) Washtenaw Co. Mich10 NAME OF FATHER Alto D. Leick11 BIRTHPLACE OF FATHER (city or town) Living Township  
(State or country) \_\_\_\_\_12 MAIDEN NAME OF MOTHER May Wood  
Living Township13 BIRTHPLACE OF MOTHER (city or town) Living Township  
(state or country) Washtenaw Co. Mich14 Informant A. D. Leick  
(Address) Chelsea Mich15 Filed June 12, 1928 M. T. Leick  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 11 192817 I HEREBY CERTIFY, That I attended deceased from March 1st 1928, to May 11, 1928 that I last saw her alive on May 11, 1928 and that death occurred on the date stated above at 3 P. m.  
The CAUSE OF DEATH\* was as follows: Tubercular Meningitis(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 15 ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? NoWhat test confirmed diagnosis? Marfan's of spinal fluid(Signed) M. B. Leick M. D.May 12 1928 Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL A. G. Cemetery Chelsea Date of Burial May 13 192820 UNDERTAKER Geo P. Stappan Address Chelsea MichMARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.



MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN <i>Last one on June</i>	
County <i>Washtenaw</i>		Department of State—Division of Vital Statistics	
Township <i>Lyons</i>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <i>Chebecy</i>		Registered No. <i>19</i>	
City _____		(No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <i>Katherine Logue Crang</i>		St. _____ Ward _____	
(a) Residence. No. _____ (Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred		yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Female</i>	4 Color or Race <i>white</i>	5 Single, Married, Widowed or Divorced (write the word.) <i>widowed</i>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6 DATE OF BIRTH (Month, day and year) <i>August 13, 1845</i>			
7 AGE	Years	Months	Days
<i>82</i>	<i>10</i>	<i>3</i>	If LESS than 1 day, _____ hrs. OR _____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>None</i> (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) <i>Minnesota</i>			
10 NAME OF FATHER <i>Unknown</i>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <i>Unknown</i>			
12 MAIDEN NAME OF MOTHER <i>Unknown</i>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <i>Unknown</i>			
14 Informant <i>Miss Goodrich</i> (Address) <i>Detroit Mich</i>			
15 Filed <i>June 26, 1908</i> <i>W. Schuch</i> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <i>June 16th 1908</i>			
17 I HEREBY CERTIFY, That I attended deceased from <i>April 13, 1908</i> , to <i>June 16, 1908</i> , that I last saw her alive on <i>June 16, 1908</i> and that death occurred on the date stated above at <i>6 P.</i> m. The CAUSE OF DEATH* was as follows: <i>Cerebral apoplexy</i>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) <i>Auricular Fibrillation</i>			
(duration) <i>2</i> yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? <i>No</i> Date of _____			
Was there an autopsy? <i>No</i>			
What test confirmed diagnosis? <i>Urinal</i>			
(Signed) <i>D. G. Palmer</i> M. D. , 19 <i>1908</i> , Address <i>Chebecy</i>			
*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.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <i>Waves &amp; Planters</i> Date of Burial <i>June 18, 1908</i>			
2 UNDERTAKER <i>Lak Grove</i> Address <i>Chebecy</i>			



I PLACE OF DEATH

County WashtenawSTATE OF MICHIGAN  
Department of State--Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 20

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Clarence A. Rowe(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) widowed5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year.) February 9th 18887 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
70 4 22

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer9 BIRTHPLACE (city or town) (State or country) Michigan10 NAME OF FATHER Geo. Rowe11 BIRTHPLACE OF FATHER (city or town) (State or country) England12 MAIDEN NAME OF MOTHER Adeline Finch13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Floyd Rowe  
(Address) Chelsea, Mich.15 Filed July 3, 1928 S.W. Debeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 1st 192817 I HEREBY CERTIFY, That I attended deceased from March, 1928, to July 1, 1928  
that I last saw him alive on June 29, 1928  
and that death occurred on the date stated above at 12 m.  
The CAUSE OF DEATH\* was as follows:  
Carcinoma Bronch.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
if not at place of death? \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? examined(Signed) M.D. Sittald M. D.  
July 2, 1928 Address Chelsea, Mich.

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

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

Walton Cemetery July 3, 1928

20 UNDERTAKER Address

Maple - Plunkett Chelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

## I PLACE OF DEATH

County Washtenaw  
 Township Dyke  
 Village Chelsea  
 City \_\_\_\_\_

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

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 212 FULL NAME Frank Gulke

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Single  
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6 DATE OF BIRTH (Month, day and year.) October 10 - 1880  
 7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
48 2 17

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer (Common)  
 (b) General nature of industry, business, or establishment in which employed (or employer) day Labor  
 (c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Chelsea Mich10 NAME OF FATHER August Gulke11 BIRTHPLACE OF FATHER (city or town) (State or country) Posen Germany12 MAIDEN NAME OF MOTHER Rose Zernicki13 BIRTHPLACE OF MOTHER (city or town) (state or country) Posen Germany14 Informant Paul Gulke  
(Address) Chelsea Mich15 Filed Aug 4, 1928 W. H. Schuch  
Registrar.

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 13 1928

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date stated above at 59 m.

The CAUSE OF DEATH\* was as follows:

found hanging in store house  
had cancer of stomach  
mentally unbalanced

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) No inquest necessary  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) H. F. Brooks J. P. acting County M. D.  
July 14, 1928, Address Chelsea Mich

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

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

Int. Oliver Chelsea Mich July 15, 1928  
 2 UNDERTAKER Geo. P. Stofferay Address Chelsea Mich



## I PLACE OF DEATH

## STATE OF MICHIGAN

County

Department of State--Division of Vital Statistics

Township

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village

Registered No. 22

City

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

2 FULL NAME

(a) Residence. No.

St., Ward.

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed or Divorced (write the word.)

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

7 AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
OR min.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

10 NAME OF FATHER

11 BIRTHPLACE  
OF FATHER (city or town)  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER (city or town)  
(state or country)14 Informant  
(Address)

15 Filed

Aug 4, 1938

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year) July 28 1928

17

I HEREBY CERTIFY, That I attended deceased from  
May 5, 1928, to July 28, 1928  
that I last saw him alive on July 28, 1928 and  
that death occurred on the date stated above at m.

The CAUSE OF DEATH\* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

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

19 Address Chelsea

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

19 PLACE OF BURIAL, CREMATION,  
OR REMOVAL

Date of Burial

Ch. S. Cem Chelsea July 30, 1928

20 UNDERTAKER

Address

Geo. P. Clappan Chelsea

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

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

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

## I PLACE OF DEATH

County WashtenawTownship OgdenVillage ChelseaCity Chelsea

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 23(No. Methodist Old Peoples Home St. 2 Ward 2)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Clara Bangs(a) Residence. No. Chelsea Mich St., Ward.(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year.) Oct 12 18447 AGE Years 83 Months 3 Days 16 If LESS than 1 day, ..... hrs. OR ..... min.

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer None9 BIRTHPLACE (city or town) (State or country) Scumich Mich10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) "12 MAIDEN NAME OF MOTHER "13 BIRTHPLACE OF MOTHER (city or town) (state or country) "14 Informant Mrs D. Balmer (Address) Chelsea Mich15 Filed Aug 4, 1928 Schantz Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 17 192817 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to July 17, 1928 that I last saw him alive on July 7, 1928 and that death occurred on the date stated above at 4 P. m.

The CAUSE OF DEATH\* was as follows:

Chronic Myocarditis  
Valvular heart disease  
mitral insufficiency(duration) 22 yrs. mos. ds.

## CONTRIBUTORY

(Secondary)

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

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

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) D. S. Bush, M. D.  
July 18, 1928, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Scumich Mich Date of Burial 7/20 19282 UNDERTAKER Mapes & Randall Address Chelsea Mich



## 1 PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township Sylvania

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 24City Chelsea Private Hospital(No. Chelsea Private Hospital Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Baby Niehaus(a) Residence. No. St., Ward.  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year.) Aug-13-1928

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

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chelsea Mich10 NAME OF FATHER Paul Niehaus11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan12 MAIDEN NAME OF MOTHER Ruth Baume13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rausing Mich

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) August 13 192817 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Aug 13, 1928,that I last saw her alive on Aug 13, 1928 and that death occurred on the date stated above at 7:10 p.m.

The CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhage

5 hrs. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Difficult Labor

(duration) yrs. mos. ds.

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

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Examination(Signed) M. J. Sebald M. D.Aug 14, 1928 Address Chelsea Mich

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

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

Robt Gross Chelsea 8-15 1928

20 UNDERTAKER Address

Mapes & Plank Chelsea Mich

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

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Form 93a—4-18-1000 Books-100 pages.

PARENTS

15 File



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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township <u>Lyons</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chelsea</u>		Registered No. <u>25</u>	
City _____		(No. _____ St. _____ Ward _____)	
2 FULL NAME <u>Adam T. Traub</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
(a) Residence. No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred <u>28</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6 DATE OF BIRTH (Month, day and year.) <u>February 4-1861</u>			
7 AGE	Years	Months	Days
<u>67</u>	<u>5</u>	<u>27</u>	
If LESS than 1 day, _____ hrs. OR _____ min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Waltman</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Rail Road Crossing</u>			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
10 NAME OF FATHER <u>Adam Traub</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Germany</u>			
12 MAIDEN NAME OF MOTHER <u>Eva Gauss</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Germany</u>			
14 Informant <u>Mrs. A. Traub</u>			
(Address) <u>Chelsea Mich</u>			
15 Filed <u>Aug 28, 1928</u> <u>W. H. Schick</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Aug 13</u> 19 <u>28</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>April 7</u> , 19 <u>28</u> , to <u>Aug 13</u> , 19 <u>28</u>			
that I last saw him alive on <u>Aug 13</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>2 P.</u> m.			
THE CAUSE OF DEATH* was as follows: <u>Acute Pulmonary Edema</u> <u>Chronic Arteritis Degenerans</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? _____			
(Signed) <u>Wm. D. Goulds</u> M. D. <u>8/15</u> , 19 <u>28</u> Address <u>Chelsea Mich</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Grove Chhch M</u> Date of Burial <u>Aug 15 1928</u>			
2 UNDERTAKER <u>Gro. P. Hoffmann</u> Address <u>Chelsea Mich</u>			



## I PLACE OF DEATH

## STATE OF MICHIGAN

County Washtenaw

Department of State--Division of Vital Statistics

Township Sylvan

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village ChelseaRegistered No. 26

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME John Thomas Woods(a) Residence. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mertie M. Leary6 DATE OF BIRTH (Month, day and year.) April 11, 18687 AGE Years 60 Months 4 Days 12 If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada10 NAME OF FATHER Wm Woods11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland12 MAIDEN NAME OF MOTHER Jane Carter13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ireland14 Informant Gilbert Woods  
(Address) Watford Canada15 Filed Aug 28, 1928 W. Schump Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) August 23, 192817 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1928, to Aug 23, 1928, that I last saw him alive on Aug 23, 1928 and that death occurred on the date stated above at 9:30 a.m.

The CAUSE OF DEATH\* was as follows:

Angina Pectoris

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. G. Guld M. D.  
424 1928, Address Chelsea Mich

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

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

St James Cem Watford Canada 19

20 UNDERTAKER Address

Mapes & Kinsell Chelsea

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

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MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township <u>Lyman</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village _____		Registered No. <u>27</u>	
City _____		(No. _____ St. _____ Ward _____)	
2 FULL NAME <u>Charles William Allmand</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
(a) Residence. No. _____		St., Ward. _____	
(Usual place of abode.)		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?	
_____ yrs.	_____ mos.	_____ ds.	_____ yrs. _____ mos. _____ ds.
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Widowed</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Susan Ann Allmand</u>			
6 DATE OF BIRTH (Month, day and year.) <u>May 2 1863</u>			
7 AGE	Years <u>65</u>	Months <u>3</u>	Days <u>20</u>
	If LESS than 1 day _____ hrs. OR _____ min.		
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Workman</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>DUR</u>			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) (State or country) <u>Ann Arbor M.</u>			
10 NAME OF FATHER <u>John</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>England</u>			
12 MAIDEN NAME OF MOTHER <u>Margaret A. Boyle</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Portland</u>			
14 Informant <u>Janette Allmand</u>			
(Address) <u>239 12th St.</u>			
15 Filed <u>Sept 4, 1928</u> <u>W. H. Hink</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Aug 22</u> 19 <u>28</u>			
17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____			
that I last saw him alive on _____, 19____ and that death occurred on the date stated above at <u>11 P.</u> m.			
The CAUSE OF DEATH* was as follows: <u>Pericuria of intestines</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>H. P. Brooks &amp; J. P. acting</u> <u>Aug 28, 1928</u> Address <u>Chelsea Mich</u>			
State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL			
<u>Forest Hill Ann Arbor</u>		Date of Burial <u>Aug 24 1928</u>	
2 UNDERTAKER <u>Geo. P. Chapman</u>		Address <u>Chelsea M.</u>	



## I PLACE OF DEATH

County

Washkewan

Township

Sylvan

Village

Chelsey

City

(No.

St.

Ward)

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

2 FULL NAME

Almy M. Sibley

(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 PARTICULARS

3 SEX

Female

4 Color or Race

White

5 Single, Married, Widowed or Divorced (write the word.)

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Joseph L. Sibley

6 DATE OF BIRTH

(Month, day and year)

Oct 14<sup>th</sup> 1864

7 AGE

Years

Months

Days

If LESS than

64

1

8

1 day, \_\_\_\_\_ hrs.

OR \_\_\_\_\_ min.

8 OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

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

Mich

10 NAME OF FATHER

Milo M. Baldwin

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

Vermont

12 MAIDEN NAME OF MOTHER

Arminio Frenis

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

Vermont

14 Informant (Address)

Joseph. Sibley

15 Filed

9-26, 1928

All Shunk

Registrar.

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH--LOCAL REGISTER

Registered No. 28

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

Sept. 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 15<sup>th</sup>, 1928 to Sept 22<sup>nd</sup>, 1928

that I last saw him alive on Sept 22, 1928 and

that death occurred on the date stated above at 4 P. m.

The CAUSE OF DEATH\* was as follows:

Acute haemorrhagic pancreatitis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

CONTRIBUTORY

(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis?

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

, 19 \_\_\_\_\_ Address Chelsey

\*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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Oak Grove Chelsey

9/25 1928

20 UNDERTAKER

Address

Mapes &amp; Plunkell

Chelsey

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

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MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township <u>Sylvan</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>Chebeq</u>		Registered No. <u>29</u>	
City _____ (No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Joseph Veller</u>			
(a) Residence. No. _____ St., Ward. _____ (Usual place of abode.) (If non-resident give city or town and State.)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Widowed</u>	
16 DATE OF DEATH (Month, day and year) <u>Sept. 9<sup>th</sup></u> 19 <u>28</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>May 31</u> , 19 <u>28</u> , to <u>Sept. 9<sup>th</sup></u> , 19 <u>28</u> that I last saw him live on <u>Sept 8</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>6:15</u> a.m. The CAUSE OF DEATH* was as follows: <u>Chronic Myocarditis</u> <u>Chronic Nephritis</u> <u>Chronic Tuber. Rickets (Cachect. Stn.)</u> <u>Severe</u> (duration) <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds. CONTRIBUTORY <u>Senility</u> (Secondary) (duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.			
18 Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Chronic</u> (Signed) <u>J. G. Palmer</u> M. D. _____, 19____, 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.)			
15 Filled <u>9-26, 1928</u> <u>Al Schimp</u> Registrar.			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Romeo, Mich.</u> Date of Burial <u>9/11</u> 19 <u>28</u>			
20 UNDERTAKER <u>Mages &amp; Plankell</u> Address <u>Chebeq Mich</u>			

PARENTS

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

10 NAME OF FATHER Unknown

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

12 MAIDEN NAME OF MOTHER Marie Janette

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

14 Informant Rev. Palmer (Address) Chebeq Mich



## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

PLACE OF DEATH  
County Washtenaw  
Township Sylvan  
Village Chelsea

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7458

City Ann Arbor St. 1st Ward 1st  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Albert Rangowski

(a) Residence. No. 100 St., Ward. 1st  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. 10 mos. 10 ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH April 21, 1908  
(Month, day and year.)

7 AGE Years 20 Months 5 Days 16  
If LESS than day, hrs. 15  
OR min. 00

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 Frank Leach

9 BIRTHPLACE (city or town) Detroit Mich  
(State or country)

10 NAME OF FATHER Wm Rangowski

11 BIRTHPLACE OF FATHER (city or town) Detroit Mich  
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Ann

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

14 Informant Elizabeth Rangowski  
(Address) Chelsea Mich

15 Filed 9-26-28 W. H. Schunk  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 6 19 28  
(Month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 19 28, to Sept. 6, 19 28

that I last saw him alive on Sept. 6, 19 28, and that death occurred on the date stated above at 9:45 P.M.

The CAUSE OF DEATH\* was as follows:

Accidentally killed by falling  
off motorcycle on M-17 one  
mile East of Chelsea

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Brook 9 Patterson Comr M. D.

, 19 28, Address Chelsea Mich

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial 9-9-28

M. Line Chelsea Address Chelsea Mich

20 UNDERTAKER W. H. Stappan

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

MARGIN RESERVED FOR BINDING

Form 32a—4-18-1000 Books—100 pages.



**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.**