STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. [illegible]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St. Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

FULL NAME Maria Ackerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: (Month) — (Day) — (Year) 1823

AGE: 84 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 18 years; Parent of 5 children, of whom 4 are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: George Foster

BIRTHPLACE OF FATHER (State or country): Vermont

MAIDEN NAME OF MOTHER: Chamberlain

BIRTHPLACE OF MOTHER (State or country): N Y

OCCUPATION: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elihu Ackerman

(Address) Wales Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from December 1st 1906, to January 5th 1907, that I saw her alive on Dec. 1st 1906, and that death occurred, on the stated above, at 6.30 o'clock P. M.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) 24 hours

Contributory Old age

(DURATION) DAYS

(Signed) H E Windsor M. D.

Jan 6th 1907 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Jan 8th 1907

UNDERTAKER: S J Asquith

ADDRESS: Memphis Mich

Filed Jan 7th 1907

A TRUE COPY Geo E Lugg Registrar

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PLACE OF DEATH

County of St. Clair

Township of Stales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Maria Ackerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: (Month) — (Day) — (Year) 1823

AGE: 84 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 15 years; Parent of 5 children, of whom 4 are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: George Foster

BIRTHPLACE OF FATHER (State or country): Vermont

MAIDEN NAME OF MOTHER: Chamberlain

BIRTHPLACE OF MOTHER (State or country): N Y

OCCUPATION: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elisha Ackerman

(Address) Wales Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from December 1st 1906, to January 5th 1907, that I saw her alive on Dec. 1st 1906, and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) 24 hours

Contributory Old age

(DURATION) DAYS

(Signed) H G Windage M. D.

Jan 6th 1907 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence: How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Jan 8th 1907

UNDERTAKER: S J Asquith

ADDRESS: Memphis Mich

Filed Jan 7th 1907

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wale
or
Village of Goodell
or
City of ..... (No. ....., ... St.; ..... Ward)

FULL NAME Mary E Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) Unknown (Day) — (Year) 1 —

AGE: 61 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of No children, of whom — are living

BIRTHPLACE (State or country): America

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: No occupation, Foolish

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wenzler Cowles

(Address) Goodell Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan (Day) 20th (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1907, to Jan 20th, 1907, that I saw her alive on Jan 18th, 1907, and that death occurred, on the date stated above, at 1-10 P.M.

The CAUSE OF DEATH was as follows:

Septic Poison

(DURATION) 10 DAYS

Contributory Ulcer

(DURATION) 5 years ~~DAYS~~

(Signed) H G Mudge M. D.

Jan 20th 1907 (Address) Box Box 8 Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Goodell

DATE OF BURIAL: Jan 21st 1907

UNDERTAKER: Wenzler Cowles

ADDRESS: Goodell Mich

Filed Jan 20th 1907

A TRUE COPY Geo G Gregg

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of Goodell
or
City of ..... (No. ....., ... St.; ..... Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Oliver Best

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 1 (Day) 28th (Year) 1852

AGE: 55 YEARS, - MONTHS, - DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: unknown

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage - years; Parent of ..... children, of whom - are living

BIRTHPLACE (State or country): unknown

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION: unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempsie Cowles

(Address) Goodell Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan (Day) 28th (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21st 1907, to Jan 28th, 1907, that I saw him alive on Jan 26th, 1907, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH was as follows:

Syphilis (DURATION) 50 DAYS

Contributory Alcoholism (DURATION) 30 DAYS

(Signed) H G Mudge M. D.

Jan 29 1907 (Address) Work Boys Wales

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Port Huron City — How long at place of death? 11 Days

Where was disease contracted, if not at place of death? Port Huron City

PLACE OF BURIAL OR REMOVAL: Goodell

DATE OF BURIAL: Jan 29 1907

UNDERTAKER: Dempsie Cowles

ADDRESS: Goodell

Filed Jan 29th 1907

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Unnamed

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) Feb (Day) 2 (Year) 1907

AGE Years, Premature birth Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage — years
Parent of — children, of whom — are living

BIRTHPLACE (State or country) Mich

NAME OF FATHER Jas B Gregg

BIRTHPLACE OF FATHER (State or country) Iowa

MAIDEN NAME OF MOTHER Alta Dunsmore

BIRTHPLACE OF MOTHER (State or country) Mich

OCCUPATION House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alta Dunsmore

(Address) Wamb Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Feb (Day) 2nd (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1907, to Feb 2nd, 1907, that I saw h. ~~last~~ alive on Feb 2nd, 1907, and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Premature birth

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) George Watson M. D.

Feb 3 1907 (Address) Memphis Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Wamb

DATE OF BURIAL Feb 3rd 1907

UNDERTAKER Chas Smith

ADDRESS Wamb Mich

Filed Feb 3rd 1907

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Township of Wales
or
Village of Gordell
or
City of

Department of State—Division of Vital Statistics

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. If away from usual residence, give "Special Information" below]

FULL NAME Charles Gerney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) Feb (Day) 20 (Year) 1836

AGE: 70 YEARS, – MONTHS, – DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage – years; Parent of 4 children, of whom all are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Miller & Lumberman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Gordell Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907, to Feb 14th 1907, that I saw h alive on Feb 12th 1907, and that death occurred, on the date stated above, at 5 a M.

The CAUSE OF DEATH was as follows:

Acute Bronchitis (DURATION) 10 DAYS

Contributory

Cold in head (DURATION) 5 DAYS

(Signed) H G Mudge M. D.

Feb 15th 1907 (Address) Lock Box 8, Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence St Clair City How long at place of death? 190 Days

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

PLACE OF BURIAL OR REMOVAL: Gordell

DATE OF BURIAL: Feb 16th 1907

UNDERTAKER: Dempster Cowles

ADDRESS: Gordell Mich

Filed Feb 16th 1907

A TRUE COPY: Geo G Gregg Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Fred D Markell

MARGIN RESERVED FOR BINDING.

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PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 4 (Day) 22 (Year) 1905

AGE: 0 YEARS, 9 MONTHS, 1 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: Edward H Markell

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Elizabeth

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ben Gagner

(Address) Wales

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Jan 18th 1907, to Feb 23rd 1907, that I saw him alive on Feb 21st 1907, and that death occurred, on the date stated above, at 10 P M.

The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory La Grippe

(DURATION) DAYS

(Signed) S C Brock M. D.

Feb 23 1907 (Address) Smith Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Feb 26th 1907

UNDERTAKER: S J Asquith

ADDRESS: Memphis

Filed Feb 24th 1907

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Registrar

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Archimedes Galbraith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) (Day) (Year) 1848

AGE: 59 YEARS, – MONTHS, – DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage – years; Parent of – children, of whom – are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Rodell Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Mar (Day) 6 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26th 1907, to March 6th 1907, that I saw h alive on March 5th 1907, and that death occurred, on the date stated above, at 8 a M.

The CAUSE OF DEATH was as follows:

Nephritis Acute (DURATION) 30 DAYS

Contributory Septic Poison from Bunch Jaw cow (DURATION) 40 DAYS

(Signed) H G Pudge M. D.

Mar 6th 1907 (Address) Lock Box 8 Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Burtchville — How long at place of death? 11 Days

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

PLACE OF BURIAL OR REMOVAL: Lake Side

DATE OF BURIAL: Mar 7 1907

UNDERTAKER: Ed Pomroy

ADDRESS: Cromwell

Filed Mar 6th 1907

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Andrew Jackson Green

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) June (Day) 21 (Year) 1907

AGE: 67 YEARS, 9 MONTHS, 3 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 22 years; Parent of 4 children, of whom 4 are living

BIRTHPLACE (State or country): Burlington Iowa

NAME OF FATHER: Isaac Paine Green

BIRTHPLACE OF FATHER (State or country): Rhode Island

MAIDEN NAME OF MOTHER: Mahaley Anderson

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) S D Asquith

(Address) Memphis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) March (Day) 24 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Mar 18th 1907, to Mar 23, 1907, that I saw him alive on Mar 23, 1907, and that death occurred, on the date stated above, at 11 a M.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) DAYS

Contributory Arterio sclerosis

(DURATION) DAYS

(Signed) Christopher McCue M. D.

Mar 25 1907 (Address) Goodell Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Mar 27th 1907

UNDERTAKER: S D Asquith

ADDRESS: Memphis

Filed Apr 4th 1907

A TRUE COPY: Geo E Gregg

Township of Wales
or
Village of Goodells
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

(No. ....., ... St.; ..... Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME John Carlin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) — (Day) — (Year) 1823

AGE: 84 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): England

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Otto Kurr

(Address) Memphis Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April (Day) 4 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190..., to ..... 190..., that I saw h..... alive on ..... 190..., and that death occurred, on the date stated above, at 1 P M.

The CAUSE OF DEATH was as follows:

Old age (DURATION) ..... DAYS

Contributory Old Age

Heart Failure (DURATION) ..... DAYS

(Signed) H G Mudge M. D.

Apr 4 1907 (Address) Lock Box 8 Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Memphis Mich

DATE OF BURIAL: Apr 5 1907

UNDERTAKER: Otto Kurr

ADDRESS

Filed Apr 4 1907

A TRUE COPY

Geo G Green

Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of —
or
City of ..... (No. ....., ... St.; ..... Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mrs Eva Brock

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) Dec. (Day) 24 (Year) 1826

AGE: 80 YEARS, 3 MONTHS, 11 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of 1 children, of whom 0 are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Snyderhover

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Rose Congdon

(Address) Burns

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April (Day) 4 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Mar 30 1907, to April 4, 1907, that I saw her alive on April 3, 1907, and that death occurred, on the date stated above, at ..... M.

The CAUSE OF DEATH was as follows:

La Grippe

(DURATION) 6 DAYS

Contributory Bronchitis

(DURATION) ..... DAYS

(Signed) G C Brock M. D.

4/4 1907 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Columbus

DATE OF BURIAL: April 8 1907

UNDERTAKER: C. Donohue

ADDRESS: Emmett

Filed April 6 1907

A TRUE COPY George Reich

MARGIN RESERVED FOR BINDING.

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Village of Goodells
or
City of

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

(No. , St.; Ward)

Registered No. 12

FULL NAME Charles Laurence

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 4 (Day) 12 (Year) 1907

AGE: 81 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): England

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April (Day) 12 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907, to April 12, 1907, that I saw h~~im~~ alive on Apr 9, 1907, and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Catarrh from Mucus the mucus membrane (DURATION) DAYS

Contributory Alcoholism with Old age (DURATION) DAYS

(Signed) H. E. Midge M. D.

Apr 12 1907 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Marine City How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: April 12 1907

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed April 13 1907

A TRUE COPY

Geo M Reich

Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 13

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Alfred Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 4 (Day) 15 (Year) 1907

AGE: No YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): Wales Mich

NAME OF FATHER: William Thompson

BIRTHPLACE OF FATHER (State or country): St Clair Co

MAIDEN NAME OF MOTHER: Lauretta Moran

BIRTHPLACE OF MOTHER (State or country): St Clair Co

OCCUPATION:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) William Thompson

(Address) Wales

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr (Day) 15 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from 4-15 1907, to 4-15, 1907, that I saw h~~im~~ alive on 4-15, 1907, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH was as follows:

Miscarriage

(DURATION) ..... DAYS

Contributory

(DURATION) ..... DAYS

(Signed) H C Mudge M. D.

4/17 1907 (Address) Wales Lock Box 8 Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant Wales

DATE OF BURIAL: 4/17 1907

UNDERTAKER: William Thompson

ADDRESS: Wales

Filed Apr 17 1907

A TRUE COPY Geo W Reid Registrar

MARGIN RESERVED FOR BINDING.

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

Township of Wales
or
Village of Goodells
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 14

(No. ....., ... St.; ..... Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME James Shoebotham

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: (Month) dont know (Day) (Year) 1

AGE: 72 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 21 years; Parent of 4 children, of whom 4 are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION: Hotel Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from 4/1 1907, to 4/20, 1907, that I saw him alive on 4/19, 1907, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH was as follows:

~~Endocarditis~~

Endocarditis (DURATION) 20 DAYS

Contributory Alcoholism and morphine (DURATION) ..... DAYS

(Signed) H C Mudge M. D.

4/21 1907 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Algonac — How long at place of death? 3 years ~~Days~~

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

PLACE OF BURIAL OR REMOVAL: Detroit Mich

DATE OF BURIAL: 4/23 1907

UNDERTAKER: Albert A Folk

ADDRESS: Port Huron

Filed April 22 1907

A TRUE COPY Geo W Reich

Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of Goodells
or
City of ..... (No. ....., ... St.; ..... Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 15

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Sible A Chambers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: (Month) 6 (Day) 25 (Year) 1853

AGE: 54 YEARS, 9 MONTHS, 22 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: Eliga Chambers

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Mahilda Mann

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION: Hair dresser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mahalia Raymond

(Address) Port Huron

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from 4/2 1907, to 4/23, 1907, that I saw her alive on 4/19, 1907, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH was as follows:

Dysmenorrhea due to Spinal anaemia (DURATION) 90 DAYS

Contributory Epilepsy (DURATION) ..... DAYS

(Signed) H C Mudge M. D.

4/23 1907 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Port Huron How long at place of death? 11 years

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

PLACE OF BURIAL OR REMOVAL Lake Side Port Huron Cemetery DATE OF BURIAL 4/24 1907

UNDERTAKER Albert A Folk ADDRESS Port Huron

Filed 4/24 1907 A TRUE COPY Geo W Reich Registrar

County of St Clair

Township of Wales
or
Village of Goodells
or
City of ((No. ..., ... St.; ... Ward)

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 16

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Hugh O Dare

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: (Month) unknown (Day) — (Year) 1846

AGE: 61 YEARS, ... MONTHS, ... DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ... years; Parent of ... children, of whom ... are living

BIRTHPLACE (State or country): Ireland

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) ...

(Address) ...

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May (Day) 3 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Apr 1, 1907, to May 3, 1907, that I saw h[illegible] alive on 4/30, 1907, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH was as follows:

Epilepsy

Heart disease (DURATION) 10 DAYS

Contributory ... (DURATION) ... DAYS

(Signed) H. P. Mudge M.D.

5/3 1907 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ... How long at place of death? ... Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 5/4 1907

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed 5/4 1907

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 17

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Wilhelmina Gearshaw

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) July (Day) 30 (Year) 1824

AGE: 82 YEARS, 9 MONTHS, 16 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 25 years; Parent of 6 children, of whom 5 are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: John Rebolch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Dettoff

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: retired housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Aug Gearshaw

(Address) Smiths Creek

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May (Day) 16 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1905, to May 16, 1907, that I saw her alive on May 16, 1907, and that death occurred, on the date stated above, at 11 10 M.

The CAUSE OF DEATH was as follows:

Valvular disease of heart

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G C Brock M. D.

5/18 1907 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant Cemetary

DATE OF BURIAL: May 20 1907

UNDERTAKER: Albert C Folk

ADDRESS: Port Huron

Filed 5/20 1907

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Registrar

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Township of Wales
or
Village of Goodells
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 18

(No. ....., ... St.; ..... Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Caroline Lamed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) ..... (Day) ..... (Year) 1825

AGE: 82 YEARS, ... MONTHS, ... DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: unknown
If married, age at (first) marriage ..... years
Parent of 2 children, of whom 2 are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from 11-2 1905, to 5/17, 1907, that I saw her alive on 5/17, 1907, and that death occurred, on the date stated above, at 6 30 P.M.

The CAUSE OF DEATH was as follows:

Paralysis
Old Age

(DURATION) 3 DAYS

Contributory Old Age

(DURATION) ..... DAYS

(Signed) H O Mudge M.D.

5/18 1907 (Address) Wales Mich Box 8

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Port Huron How long at place of death? 530 Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 5/18 1907

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed 5/21 1907

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Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of Goodells
or
City of ..... (No. ....., ... St.; ..... Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 14

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Wilford Roberts

PERSONAL AND STATISTICAL PARTICULARS

SEX: Males

COLOR: White

DATE OF BIRTH: (Month) Unknown (Day) (Year) 1881

AGE: 26 YEARS, ... MONTHS, ... DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ~~Unknown~~ Canada

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907, to June 13, 1907, that I saw h~~im~~ alive on June 12, 1907, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows:

Angina Pectoris (DURATION) 10 DAYS

Contributory Chronic Rheumatism

(DURATION) 8 Years

(Signed) H C Mudge M. D.

6/13 1907 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Kenoke — How long at place of death? 10 Days

Where was disease contracted, if not at place of death? St Clair Co

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 6/14 1907

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells Mich

Filed 6/14 1907

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County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Mary Ann Hamblin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ~~1815~~ (Month) 1 (Day) 1 (Year) 1815

AGE: 92 YEARS, 7 MONTHS, 4 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 19 years; Parent of 10 children, of whom 6 are living

BIRTHPLACE (State or country): New York State

NAME OF FATHER: John Bucroft

BIRTHPLACE OF FATHER (State or country): New York State

MAIDEN NAME OF MOTHER: Louise Bolton

BIRTHPLACE OF MOTHER (State or country): New York State

OCCUPATION: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Delos Burt

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 8 (Day) 4 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from 8/1 1907, to 8/4, 1907, that I saw her alive on 8/4, 1907, and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH was as follows:

Nephritis Chronic (DURATION) 2 Years DAYS

Contributory Chronic Rheumatism (DURATION) 25 Years DAYS

(Signed) H C Wudge M. D.

8/4 1907 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Wales How long at place of death? 30 Years DAYS

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Aug 7 1907

UNDERTAKER: Delos Burt

ADDRESS: Goodells Mich

Filed 8/4 1907

A TRUE COPY: Geo W Reid

Registrar

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 21

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mary Patterson

MARGIN RESERVED FOR BINDING.

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PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: (Month) Mar (Day) 15 (Year) 1823

AGE: 84 YEARS, 4 MONTHS, 26 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 23 years; Parent of 7 children, of whom 5 are living

BIRTHPLACE (State or country): Scotland

NAME OF FATHER: Dugald Sharp

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Nancy Campbell

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION: not given

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) F. W. Dewar

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907, to Aug 9, 1907, that I saw her alive on July 24, 1907, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 18 DAYS

Contributory Arteria Sclerosis

(DURATION) DAYS

(Signed) Christopher McCue M.D.

8/10 1907 (Address) Goodells Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Kenoshe

How long at place of death? 1 Year Days

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

PLACE OF BURIAL OR REMOVAL: Lamb Cemetary

DATE OF BURIAL: Aug 12 1907

UNDERTAKER: O Kresse

ADDRESS: Memphis Mich

Filed 8/10 1907

A TRUE COPY Geo W Reish

Registrar

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 22

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Julietta Shurkey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) June (Day) 6 (Year) 1824

AGE: 83 YEARS, 2 MONTHS, 4 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 20 years; Parent of 2 children, of whom 2 are living

BIRTHPLACE (State or country): Oswego N.Y.

NAME OF FATHER: Hiram King

BIRTHPLACE OF FATHER (State or country): New York State

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Oliver Hall

(Address) Memphis Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907, to Aug 10 1907, that I saw her alive on Aug 10 1907, and that death occurred, on the date stated above, at 8 45 P.M.

The CAUSE OF DEATH was as follows:

Senile degenerate of the Heart

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) George Waters M.D.

Aug 10 1907 (Address) Memphis Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Saint Cemetary

DATE OF BURIAL: Aug 13 1907

UNDERTAKER: Otto Kresse

ADDRESS: Memphis

Filed Aug 12 1907

A TRUE COPY Geo W Reich

Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 23

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Clara Bullard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) 12 (Day) 15 (Year) 1906

AGE: 0 YEARS, 9 MONTHS, 2 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: Fred Bullard

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: L J McCalay

BIRTHPLACE OF MOTHER (State or country): Michigan

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fred Ballard

(Address) Smiths Creek

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Sep 16 1907, to Sep 17, 1907, that I saw her alive on Sep 17, 1907, and that death occurred, on the date stated above, at 9 A M.

The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) G C Brock M. D.

9/17 1907 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Marlette

DATE OF BURIAL: Sep 19 1907

UNDERTAKER: S J Asquith

ADDRESS: Memphis

Filed 9/18 1907

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Township of Wales
or
Village of
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 24

(No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Alice Nolan

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month)	Oct
(Day)	4
(Year)	1857
AGE	50 YEARS, 11 MONTHS, 21 DAYS
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
AGE AT MARRIAGE, NUMBER OF CHILDREN	If married, age at (first) marriage ... years; Parent of 10 children, of whom 2 are living
BIRTHPLACE (State or country)	Michigan
NAME OF FATHER	Jos Needham
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Reeshon
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Nolan

(Address) Smiths Creek

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	Sep	25	1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907, to Sep 27, 1907, that I saw her alive on Sep 24, 1907, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH was as follows:

Chronic Parenchymatous nephritis (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) G C Brock M. D.

9/26 1907 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ... How long at place of death? ... Days

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

PLACE OF BURIAL OR REMOVAL Columbus Twp

DATE OF BURIAL Sep 28 1907

UNDERTAKER B J Karrer Jr

ADDRESS Port Huron

Filed Sep 28 1907

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PERMANENT RECORD.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

FULL NAME Hiram R Lashbrooks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) May (Day) 13 (Year) 1827

AGE: 80 YEARS, 4 MONTHS, 15 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 20 years; Parent of 8 children, of whom 6 are living

BIRTHPLACE (State or country): New York State

NAME OF FATHER: Orrin Lashbrooks

BIRTHPLACE OF FATHER (State or country): Connecticut

MAIDEN NAME OF MOTHER: Sarah Dewey

BIRTHPLACE OF MOTHER (State or country): Connecticut

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) S J Asquith

(Address) Memphis Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sep (Day) 28 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Sep 20 1907, to Sep 28, 1907, that I saw him alive on Sep 28, 1907, and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH was as follows:

Valvular disease of Heart (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) G C Brock M. D.

Sep 28 1907 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Sep 30 1907

UNDERTAKER: S J Asquith

ADDRESS: Memphis

Filed Sep 30 1907

A TRUE COPY Geo W Reed

MARGIN RESERVED FOR BINDING.

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

County of St Clair

Township of Wales
or
Village of
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 26

(No. ....., St.; ..... Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Mary Graff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: (Month) July (Day) 17 (Year) 1833

AGE: 74 YEARS, 2 MONTHS, 16 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 27 years; Parent of 6 children, of whom 4 are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Philip Bok

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Schnerdehan

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Philip Graff

(Address) Wales Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from May 1907, to Oct 3, 1907, that I saw her alive on Oct 3, 1907, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH was as follows:

Heart Disease
(Mitral)

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) G C Brock M.D.

Oct 3 1907 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Mt Hope Cemetery

DATE OF BURIAL: Oct 5 1907

UNDERTAKER: Albert A Falk

ADDRESS: Port Huron

Filed Oct 5 1907

A TRUE COPY Geo W Reich

Registrar

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 27

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Anna Belle Wonderlick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: (Month) Dec (Day) 5 (Year) 1855

AGE: 47 YEARS, 10 MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 17 years; Parent of 3 children, of whom 3 are living

BIRTHPLACE (State or country): Wales Mich

NAME OF FATHER: Elias Lashbrook

BIRTHPLACE OF FATHER (State or country): New York State

MAIDEN NAME OF MOTHER: Minerva Markel

BIRTHPLACE OF MOTHER (State or country): New York State

OCCUPATION: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) S J Asquith

(Address) Memphis Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Sep 3 1907, to Oct 7, 1907, that I saw her alive on Oct 4, 1907, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(DURATION) DAYS

Contributory Gangrenous dermatitis

(DURATION) DAYS

(Signed) Christopher McCue M.D.

Oct 5 1907 (Address) Goodells Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant Cemetery

DATE OF BURIAL: Oct 7 1907

UNDERTAKER: S J Asquith

ADDRESS: Memphis

Filed Oct 7 1907

A TRUE COPY, Geo W Reish

MARGIN RESERVED FOR BINDING.

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

Township of Wales
or
Village of
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 28

(No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Henry Gaulding

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 3 (Day) 2 (Year) 1825

AGE: 82 YEARS, 7 MONTHS, 8 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 29 years; Parent of 10 children, of whom 6 are living

BIRTHPLACE (State or country): Wiltshire England

NAME OF FATHER: James Gaulding

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION: Blacksmith & Wheelright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) W E Gaulding

(Address) Wales

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907, to Oct 10, 1907, that I saw him alive on Oct 9, 1907, and that death occurred, on the date stated above, at 7 45 A M.

The CAUSE OF DEATH was as follows:

Senile Gangrene

(DURATION) 60 DAYS

Contributory Old Age

(DURATION) DAYS

(Signed) H C Mudge M. D.

10/10 1907 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence: How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant Cemetery

DATE OF BURIAL: 10-13 1907

UNDERTAKER: Otto Kreas

ADDRESS: Memphis

Filed 10/10 1907

A TRUE COPY: Geo M Reich

Registrar

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 29

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Casarda Miner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) June (Day) 22 (Year) 1832

AGE: 75 YEARS, 5 MONTHS, 28 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 24 years; Parent of 9 children, of whom 7 are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Mary Brookfield

BIRTHPLACE OF MOTHER (State or country): N Y.

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907, to Dec 20, 1907, that I saw her alive on Dec 20, 1907, and that death occurred, on the date stated above, at 7 P M.

The CAUSE OF DEATH was as follows:

Organic Heart Disease

final attack (DURATION) 15 DAYS

Contributory Cirrhosis of Liver

(DURATION) DAYS

(Signed) George Waters M. D.

Dec 21 1907 (Address) Memphis Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Lamb

DATE OF BURIAL: Dec 22 1907

UNDERTAKER: S L Asquith

ADDRESS: Memphis

Filed Dec 23 1907

A TRUE COPY Geo M Reich Registrar

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

MARGIN RESERVED FOR BINDING.

County of St. Clair

Township of Wales
or
Village of
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

(No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME George Krause

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) Mar (Day) 30 (Year) 1855

AGE: 52 YEARS, 9 MONTHS, 15 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 22 years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: Henry Krause

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Cook

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary Krause

(Address) Wales Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan (Day) 15 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907, to Jan 15, 1908, that I saw him alive on Dec 16, 1907, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G. C. Brock M. D.

1/15 1908 (Address) Smiths Creek Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Columbus Cem

DATE OF BURIAL: Jan 17 1908

UNDERTAKER: Otto Kress

ADDRESS: Memphis Mich

Filed Jan 16 1908

A TRUE COPY Geo W Reich

Registrar

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 37 2

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of

Township of
or
Village of
or
City of (No. , St.; Ward)

FULL NAME Mrs Sarah A Hobbins

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH (Month) Oct (Day) 5 (Year) 1839

AGE 68 YEARS, 3 MONTHS, 21 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage years
Parent of 5 children, of whom 5 are living

BIRTHPLACE (State or country) Mass

NAME OF FATHER John Flanigan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Conygan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mr Jas Hobbins

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Jan (Day) 26 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Oct 16 1907, to Jan 26, 1908, that I saw her alive on Jan 27, 1908, and that death occurred, on the date stated above, at 7 30 AM.

The CAUSE OF DEATH was as follows:

Spinal Sclerosis

(DURATION) 9 yrs DAYS

Contributory

(DURATION) DAYS

(Signed) G. C. Brock M.D.

Jan 28 1908 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Mt Hope Cem DATE OF BURIAL Jan 29 1908

UNDERTAKER B J Karrer ADDRESS Port Huron

Filed Jan 29 1908 A TRUE COPY Geo W Reich Registrar

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MARGIN RESERVED FOR BINDING.

County of .....

Township of .....
or
Village of .....
or
City of .....

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

3

Registered No. ~~32~~

(No. ....., ... St.; ..... Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Dr Mitt P Philo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) June (Day) 8 (Year) 1820

AGE: ..... YEARS, 7 MONTHS, 18 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 21 years; Parent of 4 children, of whom 2 are living

BIRTHPLACE (State or country): N. Y.

NAME OF FATHER: Jerrid P Philo

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): N. Y.

OCCUPATION: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) S J Asquith

(Address) Memphis Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1907, to Jan 26, 1908, that I saw him alive on Jan 25, 1908, and that death occurred, on the date stated above, at 5 30 AM.

The CAUSE OF DEATH was as follows:

Senile degeneration of the Heart

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) George Waters M. D.

Jan 27 1908 (Address) Memphis Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Memphis

DATE OF BURIAL: Jan 28 1908

UNDERTAKER: S J Asquith

ADDRESS: Memphis

Filed Feb 3 1908

A TRUE COPY Geo M Reich

Registrar

THIS IS A PERMANENT RECORD.

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

4

Registered No. 33

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Manna Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: (Month) Feb (Day) 12 (Year) 1908

AGE: YEARS, MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage years; Parent of children, of whom are living

BIRTHPLACE (State or country): Wales Mich

NAME OF FATHER: William Thompson

BIRTHPLACE OF FATHER (State or country): Mich

MAIDEN NAME OF MOTHER: Lauretta Moran

BIRTHPLACE OF MOTHER (State or country): Mich

OCCUPATION: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb (Day) 12 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12 1908, to Feb 12, 1908, that I saw her alive on Feb 12, 1908, and that death occurred, on the date stated above, at 10 40 AM.

The CAUSE OF DEATH was as follows:

(DURATION) m DAYS

Contributory Stillborn (DURATION) DAYS

(Signed) H C Mudge M. D.

Feb 13 1908 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant Cem

DATE OF BURIAL: 190

UNDERTAKER: Eugene Kelch

ADDRESS: Wales Mich

Filed Feb 13 1908

A TRUE COPY Geo W Reich

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County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 34

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Mrs Catherine Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH (Month) — (Day) — (Year) 1878

AGE 68 YEARS, MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage years; Parent of 12 children, of whom 9 are living

BIRTHPLACE (State or country) Canada

NAME OF FATHER Kelley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Carey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm H Johnson

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Feb (Day) 15 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10 1908, to Feb 15, 1908, that I saw her alive on Feb 14, 1908, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH was as follows:

Influenza with bronchitis

(DURATION) DAYS

Contributory Angina ~~with~~ Pleurisy

(DURATION) DAYS

(Signed) Christopher McCue M.D.

2/17 1908 (Address) Goodells

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Kenoke Cem

DATE OF BURIAL Feb 18 1908

UNDERTAKER BJ Karrash

ADDRESS Port Huron

Filed 2/21 1908

A TRUE COPY Geo W Reynh

Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

6

Registered No. 35

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Annie Marie Krause

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) 5 (Day) 2 (Year) 1904

AGE: 3 YEARS, 9 MONTHS, 23 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: Geo Krause

BIRTHPLACE OF FATHER (State or country): Michigan

MAIDEN NAME OF MOTHER: Annie North

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Krause

(Address) Wales Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908, to Feb 25, 1908, that I saw her alive on Feb 25, 1908, and that death occurred, on the date stated above, at 11 45 AM.

The CAUSE OF DEATH was as follows:

Menengitis

(DURATION) 12 DAYS

Contributory

(DURATION) ..... DAYS

(Signed) G. C. Brock M. D.

2/26 1908 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Columbus

DATE OF BURIAL: Feb 27 1908

UNDERTAKER: Otto Kress

ADDRESS: Memphis

Filed Feb 26 1908

A TRUE COPY Geo W Reed

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MARGIN RESERVED FOR BINDING.

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MARGIN RESERVED FOR BINDING.

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 36

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Robert Baisley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: (Month) unknown (Day) (Year) 1822

AGE: 86 YEARS, MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ~~Not known~~ years; Parent of 2 children, of whom 2 are living

BIRTHPLACE (State or country): American

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Mar 24 1908, to Mar 26, 1908, that I saw him alive on Mar 24, 1908, and that death occurred, on the date stated above, at 7 P M.

The CAUSE OF DEATH was as follows:

Anemia (DURATION) 365 DAYS

Contributory Senile

Old age (DURATION) 730 DAYS

(Signed) H. C. Mudge M. D.

1908 (Address) Creek Bar & Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence St Clair Twp How long at place of death? 730 Days

Where was disease contracted, if not at place of death? St Clair Twp

PLACE OF BURIAL OR REMOVAL: St Clair

DATE OF BURIAL: 3/28 1908

UNDERTAKER: Dempster Powles

ADDRESS: Goodells Mich

Filed Mar 28 1908

A TRUE COPY Geo W Reish Registrar

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PLACE OF DEATH

County of St. Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. ~~97~~ 8

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Augustus V Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) unknown (Day) (Year) 1

AGE: 44 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

AGE AT MARRIAGE, NUMBER OF CHILDREN: Unknown
If married, age at (first) marriage ..... years
Parent of none children, of whom none are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) .....

(Address) .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr (Day) 6 (Year) 190 8

I HEREBY CERTIFY, That I attended deceased from Feb 25 190 8, to Apr 6, 190 8, that I saw him alive on Apr 8, 190 8, and that death occurred, on the date stated above, at 7 P M.

The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 40 DAYS

Contributory Anaemia

(DURATION) 300 DAYS

(Signed) H C Mudge M. D.

Apr 7 190 8 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Port Huron How long at place of death? 41 Days

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

PLACE OF BURIAL OR REMOVAL: Port Huron

DATE OF BURIAL: Apr 8 190 8

UNDERTAKER: A Falk

ADDRESS: Port Huron

Filed Apr 9 190 8

A TRUE COPY Geo W Reich

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MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

County of St Clair

Township of Wales
or
Village of
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

(No. ....., ... St.; ..... Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Henry Mather

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 4 (Day) (Year) 1832

AGE: 76 YEARS, ... MONTHS, ... DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

AGE AT MARRIAGE, NUMBER OF CHILDREN: Unknown
If married, age at (first) marriage ..... years
Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): Unknown

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) .....

(Address) .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from 4/1 1908, to 4/27, 1908, that I saw him alive on 4/24, 1908, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH was as follows:

Senile Dementia (DURATION) 365 DAYS

Contributory Anaemia

(DURATION) 40 DAYS

(Signed) H C Mudge M.D.

4/27 1908 (Address) Marks Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence St Clair — How long at place of death? 27 Days

Where was disease contracted, if not at place of death? St Clair Mich

PLACE OF BURIAL OR REMOVAL: Goodells — DATE OF BURIAL: 4/27 1908

UNDERTAKER: Dempster Cowles — ADDRESS: Goodells

Filed 4/29 1908 — A TRUE COPY Geo W Reish

Registrar

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. ~~39~~ 10

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Adna Tompkins

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH (Month) 6 (Day) 15 (Year) 1839

AGE 69 YEARS, 11 MONTHS, 4 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage 50 years
Parent of — children, of whom — are living

BIRTHPLACE (State or country) Michigan

NAME OF FATHER Joshua Tompkins

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Mary A Hummel

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frances Johnson

(Address) Memphis Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) May (Day) 19 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from May 19, 1908, to May 19, 1908, that I saw him alive on May 19, 1908, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH was as follows:

Killed by being run over by a wagon in a runaway accident

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Geo Waters M.D.

May 19 1908 (Address) Memphis Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Lamt Cemetery

DATE OF BURIAL May 21 1908

UNDERTAKER Otto Kries

ADDRESS Memphis Mich

Filed May 21 1908

A TRUE COPY Geo W Reish
Registrar

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MARGIN RESERVED FOR BINDING.

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 40

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Susan Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) May (Day) 21 (Year) 1908

AGE: One hour — YEARS, MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Wales Twp

NAME OF FATHER: Ferdinand Miller

BIRTHPLACE OF FATHER (State or country): Wales

MAIDEN NAME OF MOTHER: Susan Lamb

BIRTHPLACE OF MOTHER (State or country): Wales Mich

OCCUPATION: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May (Day) 21 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from May 21 1908, to May 21, 1908, that I saw her alive on May 21, 1908, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH was as follows:

Premature Birth deceased lived only one hour

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) George Waters M.D.

May 21 1908 (Address) Memphis Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Lamb Cemetary

DATE OF BURIAL: May 22 1908

UNDERTAKER: Jos Nestle

ADDRESS: Lamb Mich

Filed May 22 1908

A TRUE COPY Geo W Reish

Registrar

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wales

or

Village of

or

City of (No. , St.; Ward)

FULL NAME John Hench

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: (Month) — (Day) — (Year) 1857

AGE: 51 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908, to June 2, 1908, that I saw him alive on June 1, 1908, and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH was as follows:

Chronic Bronchitis

Rheumatism (DURATION) 30 DAYS

Contributory Rheumatism Chronic (DURATION) 40 years DAYS

(Signed) H C Mudge M. D.

6/2 1908 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Algonac How long at place of death? 32 Days

Where was disease contracted, if not at place of death? St Clair Mich

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 6/2 1908

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed 6/9 1908

A TRUE COPY: Geo W Reid, Registrar

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County of St. Clair

Township of Wales
or
Village of
or
City of

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. If away from usual residence, give "Special Information" below]

FULL NAME Unnamed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 6 (Day) 5 (Year) 1908

AGE: — YEARS, — MONTHS, 1 hour DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Wales Twp

NAME OF FATHER: Jessie Lashbrook

BIRTHPLACE OF FATHER (State or country): Wales Twp

MAIDEN NAME OF MOTHER: Mable Lownes

BIRTHPLACE OF MOTHER (State or country): Michigan

OCCUPATION: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jessie Lashbrook

(Address) Wales Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from 6/5 1908, to 6/5, 1908, that I saw h~~im~~ alive on 6/5, 1908, and that death occurred, on the date stated above, at 8 P M.

The CAUSE OF DEATH was as follows:

Imperfectly Developed

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G C Brock M. D.

6/6 1908 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence: How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: 6/6 1908

UNDERTAKER: Eugene Kelch

ADDRESS: Wales

Filed 6/6 1908

A TRUE COPY Geo W Reish

Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 14

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Joseph Rowley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: (Month) — (Day) — (Year) 1853

AGE: 55 YEARS, — MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from 6/5 1908, to 6/14, 1908, that I saw him alive on 6/14, 1908, and that death occurred, on the date stated above, at 12 P M.

The CAUSE OF DEATH was as follows:

Chronic Hepatitis (DURATION) 90 DAYS

Contributory Alcoholism

Ascites (DURATION) 10 DAYS

(Signed) H C Mudge M.D.

6/15 1908 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Port Huron How long at place of death? 9 Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 6/15 1908

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed 6/17 1908

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Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of Wales
or
Village of
or
City of

(No. ....., ... St.; ..... Ward)

Registered No. 15

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Susan Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: (Month) Jan (Day) 12 (Year) 1869

AGE: 39 YEARS, 5 MONTHS, 10 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 22 years; Parent of 5 children, of whom 4 are living

BIRTHPLACE (State or country): Wales Livf

NAME OF FATHER: Melvin Lamb

BIRTHPLACE OF FATHER (State or country): New York State

MAIDEN NAME OF MOTHER: Harriett Pennock

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Harriet P. Lamb

(Address) Lamb Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June (Day) 22 (Year) 190 8

I HEREBY CERTIFY, That I attended deceased from Apr 3 190 8, to June 22, 190 8, that I saw her alive on June 22 190 8, and that death occurred, on the date stated above, at 7 30 P.M.

The CAUSE OF DEATH was as follows:

Organic Heart Disease

Contributory Nephritis (DURATION) ..... DAYS

(Signed) George Waters (DURATION) ..... DAYS M. D.

190 (Address) Memphis Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Lamb Cemetery

DATE OF BURIAL: 6/25 190 8

UNDERTAKER: A Jarvis

ADDRESS: Memphis

Filed 6/24 190 8

A TRUE COPY

Geo W Reich

Registrar

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Unnamed

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) June (Day) 26 (Year) 1908

AGE — Years, Premature Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

AGE AT MARRIAGE, NUMBER OF CHILDREN — If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country) Michigan

NAME OF FATHER James Bruce Gregg

BIRTHPLACE OF FATHER (State or country) Iowa

MAIDEN NAME OF MOTHER Alta Dunmore

BIRTHPLACE OF MOTHER (State or country) Wales Mich

OCCUPATION None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James Gregg

(Address) Lamont Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) June (Day) 26 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908, to June 26, 1908, that I saw her alive on June 26, 1908, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH was as follows:

Premature Labor

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) George Waters M. D.

6/27 1908 (Address) Memphis

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence — How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Lamont Cemetery

DATE OF BURIAL 6/27 1908

UNDERTAKER Geo C. Gregg

ADDRESS Lamont

Filed 6/27 1908

A TRUE COPY Geo W. Reid Registrar

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Township of Wales
or
Village of
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 17

(No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Maggie Kengwool

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) 7 (Day) 5 (Year) 1859

AGE: 49 YEARS, MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 20 years; Parent of 2 children, of whom 2 are living

BIRTHPLACE (State or country): St Clair Co

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempsey Cooley

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 7 (Day) 5 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from 7-5 1908, to 7-5, 1908, that I saw her alive on 7/5, 1908, and that death occurred, on the date stated above, at 8 A M.

The CAUSE OF DEATH was as follows:

Fall causing Internal injury

(DURATION) 1 DAYS

Contributory Homicidal Mania

(DURATION) 40 DAYS

(Signed) H C Mudge M. D.

7/5 1908 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence: Port Huron How long at place of death? 90 Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 7/6 1908

UNDERTAKER: Dempsey Cooley

ADDRESS: Goodells

Filed 7/10 1908

A TRUE COPY Geo W Reed

Registrar

TO A PERMANENT RECORD.

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 18

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Benj Signer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH (Month) May (Day) 23 (Year) 1854

AGE 54 YEARS, 2 MONTHS, 16 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 29 years; Parent of 10 children, of whom 6 are living

BIRTHPLACE (State or country) Michigan

NAME OF FATHER Wm Signer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Harriet Stewart

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION Farmer & Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Benj Signer

(Address) Wales Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Aug (Day) 9 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from July 31 1908, to Aug 9, 1908, that I saw h~~im~~ alive on Aug 9, 1908, and that death occurred, on the date stated above, at 2 15 A.M.

The CAUSE OF DEATH was as follows:

Enteric Fever
had been feeting poorly for
6 to 8 weeks (DURATION) DAYS

Contributory perforature peritonitis
(DURATION) 48 hours DAYS

(Signed) Christopher McCure M.D.

8/9 1908 (Address) Goodells Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Mt Pleasant Cemetery

DATE OF BURIAL 8/11 1908

UNDERTAKER Albert Falk

ADDRESS Port Huron

Filed 8/10 1908

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Registrar

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County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 19

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Louisa Ryan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) (Day) (Year) 1818

AGE: 90 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: Unknown
If married, age at (first) marriage ..... years
Parent of 1 children, of whom 1 are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from 8/1 1908, to 8/8, 1908, that I saw her alive on 8/7, 1908, and that death occurred, on the date stated above, at 8 A M.

The CAUSE OF DEATH was as follows:

Old Age

(DURATION) ..... DAYS

Contributory Morphine Tremd

(DURATION) 10 DAYS

(Signed) H C Mudge M. D.

8/10 1908 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 8/10 1908

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed 8/10 1908

TRUE COPY: Geo W Reesh

Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Unnamed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) Aug (Day) 12 (Year) 1908

AGE: — YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Wales

NAME OF FATHER: Charles Norris

BIRTHPLACE OF FATHER (State or country): Illinois

MAIDEN NAME OF MOTHER: Pearl Martin

BIRTHPLACE OF MOTHER (State or country): Michigan

OCCUPATION: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Mae Holliday

(Address) Port Huron Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from 8/12 1908, to 8/12, 1908, that I saw h~~im~~ alive on 8/12, 1908, and that death occurred, on the date stated above, at 1030 A M.

The CAUSE OF DEATH was as follows: Still Born

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Mrs C Marshall Midwife ~~M. D.~~

8/12 1908 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: 8/13 1908

UNDERTAKER: Wm Martin

ADDRESS: Wales

Filed 8/13 1908

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County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 21

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Edna Cove

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) Sep (Day) 16 (Year) 1899

AGE: 9 YEARS, 10 MONTHS, 27 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Mich

NAME OF FATHER: Sammie Cove

BIRTHPLACE OF FATHER (State or country): Mich

MAIDEN NAME OF MOTHER: Sarah Sullivan

BIRTHPLACE OF MOTHER (State or country): Mich

OCCUPATION: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908, to Aug 13, 1908, that I saw her alive on Aug 13, 1908, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) 12 DAYS

Contributory Asthenia

(DURATION) 5 DAYS

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

8/13 1908 (Address) Emmett Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Lamb Cemetery

DATE OF BURIAL: 8/14 1908

UNDERTAKER: S. Hesquith

ADDRESS: Memphis

Filed 8/13 1908

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PLACE OF DEATH

County of St Clair

Township of Wales
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Village of
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City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 22

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Hazel Gladis Foyal

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) 4 (Day) 4 (Year) 1908

AGE — YEARS, 4 MONTHS, 24 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

AGE AT MARRIAGE, NUMBER OF CHILDREN — If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country) Michigan

NAME OF FATHER Augustus Foyal

BIRTHPLACE OF FATHER (State or country) Ontario

MAIDEN NAME OF MOTHER Clara Vaneauf

BIRTHPLACE OF MOTHER (State or country) Sanalac Co Mich

OCCUPATION none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Clara Foyal

(Address) Wales Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) 8 (Day) 27 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from 8/27 1908, to 8/27, 1908, that I saw her alive on 8/27, 1908, and that death occurred, on the date stated above, at 6 15 P.M.

The CAUSE OF DEATH was as follows:

Colitis

(DURATION) 30 DAYS

Contributory Indigestion

(DURATION) 90 DAYS

(Signed) H C Mudge M. D.

8/28 1908 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Lynch Cemetery

DATE OF BURIAL 8/29 1908

UNDERTAKER L J Augustine

ADDRESS Memphis

Filed 8/31 1908

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County of St Clair

Township of Mara
or
Village of
or
City of

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 23

(No. ....., St.; ..... Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Samuel Camel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) ..... (Day) ..... (Year) 1828

AGE: 82 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: Unknown
If married, age at (first) marriage — years
Parent of — children, of whom — are living

BIRTHPLACE (State or country): Ireland

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) .....

(Address) .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sep (Day) 4 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from 8/1, 1907, to 9/4, 1908, that I saw h~~im~~ alive on 9/3, 1908, and that death occurred, on the date stated above, at 10 AM.

The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 350 DAYS

Contributory Senile

(DURATION) 90 DAYS

(Signed) H C Murdar M. D.

9/5 1908 (Address) Water Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence St Clair City

How long at place of death? 40 Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 9/5 1908

UNDERTAKER: Templeton Cowles

ADDRESS: .....

Filed 9/7 1908

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PLACE OF DEATH

County of St Clair

Township of Wales
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Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 24

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME George Lompkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 11 (Day) 26 (Year) 1845

AGE: 62 YEARS, 9 MONTHS, 27 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 30 years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: Joshua Lompkins

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Mary H Hummell

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sep (Day) 23 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908, to Sep 22, 1908, that I saw him alive on Sep 22, 1908, and that death occurred, on the date stated above, at 3 A M.

The CAUSE OF DEATH was as follows:

Malignant Growth in the Rectum

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Geo Walters M. D.

Sep 23 1908 (Address) Memphis

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Lamb Cemetary

DATE OF BURIAL: Sep 25 1908

UNDERTAKER: N Jarvis

ADDRESS: Memphis

Filed Sep 24 1908

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Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Elizabeth C Darling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: (Month) Feb (Day) 5 (Year) 1833

AGE: 74 YEARS, 7 MONTHS, 26 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 21 years; Parent of 8 children, of whom 6 are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: Mark Morton

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sherbumaugh

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) S J Asquith

(Address) Memphis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sep (Day) 30 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Sep 11 1908, to Sep 30, 1908, that I saw her alive on Sep 28, 1908, and that death occurred, on the date stated above, at 11 30 A.M.

The CAUSE OF DEATH was as follows: Osteo sarcoma of the right femur and spine of seven 6 months (DURATION) DAYS

Contributory Decubitus of lumbo sacral region (DURATION) 7 DAYS

(Signed) Christopher McCue M.D.

10/1 1908 (Address) Goodells Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence: How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Oct 2 1908

UNDERTAKER: S J Asquith

ADDRESS: Memphis

Filed 10/3 1908

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Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 26

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Charlotte Hart

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH (Month) July (Day) 4 (Year) 1854

AGE 54 YEARS, 4 MONTHS, 13 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE, NUMBER OF CHILDREN — If married, age at (first) marriage ..... years; Parent of — children, of whom — are living

BIRTHPLACE (State or country) New York

NAME OF FATHER James Hart

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Jane Kirk

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) .....

(Address) .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Nov (Day) 17 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26 1905, to Nov 17, 1908, that I saw her alive on Nov 17, 1908, and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH was as follows: Valvular disease of heart

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) G. C. Brock M. D.

Nov 18 1908 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Mt Pleasant

DATE OF BURIAL Nov 19 1908

UNDERTAKER M Jarvis

ADDRESS Memphis

Filed Nov 18 1908

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Registrar

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 27

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Eugene Lashbrook

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) Aug (Day) 14 (Year) 1874

AGE: 34 YEARS, 3 MONTHS, 25 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): Wales Mich

NAME OF FATHER: Walter W Lashbrook

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Anna Lashbrook

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) .....

(Address) .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908, to Dec 9, 1908, that I saw h~~im~~ alive on Dec 9, 1908, and that death occurred, on the date stated above, at 12 08 P.M.

The CAUSE OF DEATH was as follows:

Pleurisy complicated with enlargement of Spleen

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) George Waters M.D.

Dec 10 1908 (Address) Memphis

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Dec 12 1908

UNDERTAKER: C E Lewis

ADDRESS: Almont

Filed Dec 10 1908

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Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 28

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. St.; Ward)

FULL NAME James Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 12 (Day) 9 (Year) 1848

AGE: 60 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ~~unknown~~ years; Parent of 2 children, of whom 2 are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION: Civil Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Oct 28 1908, to Dec 9, 1908, that I saw him alive on Dec 9, 1908, and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH was as follows:

Heart disease

(DURATION) 40 DAYS

Contributory Ascitis

(DURATION) 40 DAYS

(Signed) H C Mudge M. D.

12-10 1908 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: Dec 10 1908

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed Dec 11 1908

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County of St Clair

Township of Wales
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Village of
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City of (No. , St.; Ward)

MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 29

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Elizabeth Stephenson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) June (Day) 4 (Year) 1818

AGE 90 YEARS, 6 MONTHS, 14 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN — If married, age at (first) marriage 16 years; Parent of 13 children, of whom 8 are living

BIRTHPLACE (State or country) Canada

NAME OF FATHER Jarvis Thayer

BIRTHPLACE OF FATHER (State or country) Penn

MAIDEN NAME OF MOTHER Susan Parker

BIRTHPLACE OF MOTHER (State or country) Penn

OCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) S J Gesgnith

(Address) Memphis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Dec (Day) 18 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Oct 22 1908, to Dec 18, 1908, that I saw her alive on Dec 18, 1908, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH was as follows:

Heart Disease
uraemic poisoning

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) L McCue M.D.

12/19 1908 (Address) Goodells Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Lamb

DATE OF BURIAL 12/20 1908

UNDERTAKER S J Gesgnith

ADDRESS Memphis

Filed 12/24 1908

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PLACE OF DEATH

County of St Clair

Township of Wales
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Village of
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City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 120

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Francis Clair Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) May (Day) 22 (Year) 1887

AGE: 23 YEARS, 6 MONTHS, 29 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): Mich

NAME OF FATHER: Charles Baker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Louisa Clure

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) S J Asquith

(Address) Memphis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2 1908, to Dec 23, 1908, that I saw him alive on Dec 21, 1908, and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH was as follows:

Tuberculosis

(DURATION) One years

Contributory

(DURATION) ..... DAYS

(Signed) George Waters M. D.

Dec 22 1908 (Address) Memphis

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Memphis

DATE OF BURIAL: 12/23 1908

UNDERTAKER: S J Asquith

ADDRESS: Memphis

Filed 12/24 1908

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City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 91

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Patrick Sullivan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) (Day) (Year) 1843

AGE: 65 YEARS, MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Ireland

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Dec 21 1908, to Dec 24, 1908, that I saw him alive on Dec 22, 1908, and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH was as follows:

Paralysis complete

(DURATION) DAYS

Contributory Accident - fell from stack of cornstalks (DURATION) 10 DAYS

(Signed) H C Mudge M. D.

Dec 25 1908 (Address) Wales

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Kenosha How long at place of death? 4 Days

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

PLACE OF BURIAL OR REMOVAL: Emmett

DATE OF BURIAL: 12/25 1908

UNDERTAKER: James Donahue

ADDRESS: Emmett

Filed Dec 26 1908

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TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

FULL NAME Mary J Bullock

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) 7 (Day) 2 (Year) 1833

AGE: 76 YEARS, 6 MONTHS, 7 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 48 years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): New York

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: School Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cooley

(Address) Goodells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 1 (Day) 9 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from 1—1 1909, to 1—9, 1909, that I saw her alive on 1—8, 1909, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) 5 DAYS

Contributory

Old Age (DURATION) DAYS

(Signed) H C Mudge M.D.

1-9 1909 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Smiths Creek How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Smiths Creek

DATE OF BURIAL: 1—11 1909

UNDERTAKER: Albert Falk

ADDRESS: Port Huron

Filed 1-11 1909

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County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Lavina Rothwell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) Aug (Day) 12 (Year) 1872

AGE: 36 YEARS, 5 MONTHS, 10 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 18 years; Parent of 5 children, of whom 4 are living

BIRTHPLACE (State or country): Columbus Mich

NAME OF FATHER: Henry Graves

BIRTHPLACE OF FATHER (State or country): New York State

MAIDEN NAME OF MOTHER: Corinna Shepard

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) S J Asquith

(Address) Memphis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from July 2 1907, to Jan 29, 1909, that I saw her alive on Jan 26, 1909, and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Pneumonary Tuberculosis

18 months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Christopher McCue M. D.

Feb 2 1909 (Address) Goodells

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Feb 2 1909

UNDERTAKER: S J Asquith

ADDRESS: Memphis

Filed Feb 2 1909

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Charles Burns

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH (Month) May (Day) 27 (Year) 1860

AGE 49 YEARS, 8 MONTHS, 8 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage ..... years
Parent of 1 children, of whom 1 are living

BIRTHPLACE (State or country) Houston Texas

NAME OF FATHER Andrew Burns

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Goodie L Burns

(Address) 346 Detroit

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Feb (Day) 2 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Feb 1 1909, to Feb 2, 1909, that I saw him alive on Feb 2, 1909, and that death occurred, on the date stated above, at 9 P M.

The CAUSE OF DEATH was as follows:

hematemesis due to gastric ulcers

(DURATION) 36 hrs DAYS

Contributory

(DURATION) DAYS

(Signed) Christopher McCue M. D.

Feb 3 1909 (Address) Goodells Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Mt Pleasant

DATE OF BURIAL Feb 5 1909

UNDERTAKER S J Asquith

ADDRESS Memphis

Filed Feb 5 1909

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County of St Clair

Township of Wales
or
Village of Goodells
or
City of

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4

(No. ....., ... St.; ..... Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME David McArthel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) — (Day) — (Year) 1859

AGE: 50 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Feb 16 1909, to Feb 20, 1909, that I saw him alive on Feb 19, 1909, and that death occurred, on the date stated above, at 6 A M.

The CAUSE OF DEATH was as follows:

Hemiplegia complete (DURATION) 4 DAYS

Contributory Hemiplegia left side (DURATION) ..... DAYS

(Signed) H C Mudge M. D.

Feb 20 1909 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Port Huron How long at place of death? 7 years days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 2/20 1909

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed Feb 20 1909

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TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

FULL NAME Margaret McCormick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) June (Day) 12 (Year) 1908

AGE: — YEARS, MONTHS, 10 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): Wales Twp

NAME OF FATHER: Wm McCormick

BIRTHPLACE OF FATHER (State or country): Mich

MAIDEN NAME OF MOTHER: Margaret Wolvin

BIRTHPLACE OF MOTHER (State or country): Mich

OCCUPATION: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) George Wolvin

(Address) Smiths Creek

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb (Day) 21 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Feb 21 1909, to Feb 22, 1909, that I saw her alive on Feb 21, 1909, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

(Signed) G C Brock M.D.

Feb 22 1909 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Feb 22 1909

UNDERTAKER: B J Karrer

ADDRESS: Port Huron

Filed Feb 23 1909

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Alvida Edith Waite

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) Sep (Day) 10 (Year) 1854

AGE 54 YEARS, 6 MONTHS, 8 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN — If married, age at (first) marriage 24 years; Parent of 4 children, of whom 4 are living

BIRTHPLACE (State or country) Indiana ~~New York~~ Fulton County

NAME OF FATHER John Mann

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Indiana

OCCUPATION Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mr Arthur Slaght

(Address) Burns Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Mar (Day) 18 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from Oct 10 190 8, to Mar 1, 190 9, that I saw her alive on Mar 17, 190 9, and that death occurred, on the date stated above, at 11 P M.

The CAUSE OF DEATH was as follows:

Malignant Tumor Liver & Bowel

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) George Wales M. D.

3/19 190 9 (Address) Memphis

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Lamt Cemetary

DATE OF BURIAL Mar 21 190 9

UNDERTAKER Chas E Legg's

ADDRESS Almont

Filed 3/20 190 9

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PLACE OF DEATH

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Hannah Otto

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) Unknown (Day) Unknown (Year) 1824

AGE 85 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage ..... years
Parent of 5 children, of whom 3 are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) .....

(Address) .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Mar (Day) 30 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Mar 29 1909, to Mar 30, 1909, that I saw her alive on Mar 29, 1909, and that death occurred, on the date stated above, at 8 A M.

The CAUSE OF DEATH was as follows:

Paralysis Complete

(DURATION) ..... DAYS

Contributory Cold in head

(DURATION) ..... DAYS

(Signed) H. C. Mudge M. D.

3/30 1909 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Goodells

DATE OF BURIAL 3/31 1909

UNDERTAKER Dempster Cowles

ADDRESS Goodells

Filed 3/31 1909

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Catherine Lockwood

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) Aug (Day) 9 (Year) 1847

AGE: 64 YEARS, 8 MONTHS, 5 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 22 years; Parent of 4 children, of whom 4 are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: Leon Renno

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Rosann Duplzee

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr (Day) 14 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from March 12 1909, to Apr 13, 1909, that I saw her alive on Apr 14, 1909, and that death occurred, on the date stated above, at 1:30 A.M.

The CAUSE OF DEATH was as follows:

Nephritis

(DURATION) 3 years DAYS

Contributory Apoplexy

(DURATION) 24 hrs DAYS

(Signed) Christopher McCue M.D.

4/14 1909 (Address) Goodells

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: 4/16 1909

UNDERTAKER: R Jarvis

ADDRESS: Memphis

Filed 4/14 1909

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PLACE OF DEATH

County of St Clair

Township of Wales
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City of (No. St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Edward Shirkey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) (Day) (Year) 1820

AGE: 89 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of 2 children, of whom 1 are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April (Day) 13 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from 4/9 190 9, to 4/13, 190 9, that I saw h~~im~~ alive on 4/9, 190 9, and that death occurred, on the date stated above, at 2 A. M.

The CAUSE OF DEATH was as follows:

Cold and Old Age

(DURATION) 3 DAYS

Contributory Rheumatism

(DURATION) 1 yr DAYS

(Signed) H C Mudge M. D.

4/13 190 9 (Address) Wales

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence Wales How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 4/14 190 9

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed 4/14 190 9

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PLACE OF DEATH

County of St Clair

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Maurice C Shanahan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) Feb (Day) 15 (Year) 1832

AGE: 76 YEARS, 2 MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 22 years; Parent of 9 children, of whom 7 are living

BIRTHPLACE (State or country): Ireland

NAME OF FATHER: Edward Shanahan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Cottrell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs J Merrick

(Address) Memphis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr (Day) 15 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from Mar 3 190 9, to Mar 30, 190 9, that I saw h~~im~~ alive on Mar 30, 190 9, and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH was as follows: Cirrhosis of Liver

(DURATION) Years DAYS

Contributory Disease of Stomache

(DURATION) 4 years DAYS

(Signed) G E Brock M. D.

4/16 190 9 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Columbus Cemetery

DATE OF BURIAL: Apr 17 190 9

UNDERTAKER: A F Lewis

ADDRESS: Belmont

Filed Apr 17 190 9

A TRUE COPY: Geo W Reah

Registrar

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PLACE OF DEATH

County of St Clair

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Village of
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City of (No. St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 11

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Kate M Farlow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) Nov (Day) 13 (Year) 1854

AGE: 54 YEARS, 5 MONTHS, 5 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Indiana

NAME OF FATHER: Geo W Farlow

BIRTHPLACE OF FATHER (State or country): Indiana

MAIDEN NAME OF MOTHER: Amanda Williamson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION: Authoress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) S J Asquith

(Address) Memphis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr (Day) 17 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Apr 15 1909, to Apr 17, 1909, that I saw her alive on Apr 15, 1909, and that death occurred, on the date stated above, at 11 30 P.M.

The CAUSE OF DEATH was as follows:

Valvular Heart Disease

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) George Wales M.D.

Apr 17 1909 (Address) Memphis

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Lapeer

DATE OF BURIAL: Apr 20 1909

UNDERTAKER: S J Asquith

ADDRESS: Memphis

Filed May 5 1909

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 12

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Mary S Russell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) Jan (Day) 29 (Year) 1831

AGE 78 YEARS, 3 MONTHS, 15 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN — If married, age at (first) marriage 24 years; Parent of 7 children, of whom 6 are living

BIRTHPLACE (State or country) Canada

NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Pickens

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) May (Day) 14 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from May 4 190 9, to May 14, 190 9, that I saw her alive on May 11, 190 9, and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Senile degeneration of the heart

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) George Waters M. D.

May 15 190 9 (Address) Memphis

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Memphis

DATE OF BURIAL May 16 190

UNDERTAKER Chas Lewis

ADDRESS Almont

Filed May 26 190 9

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Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 13

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

FULL NAME Charles White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) Unknown (Day) (Year) 1838

AGE: 71 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of 6 children, of whom 5 are living

BIRTHPLACE (State or country): New York

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May (Day) 21 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from May 1, 1909, to May 21, 1909, that I saw him alive on May 21, 1909, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:

Nephritis Interstitial
Atrophy

(DURATION) 360 DAYS

Contributory Senile gangrene

(DURATION) 30 DAYS

(Signed) H C Mudge M. D.

May 22 1909 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: May 22 1909

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed May 27 1909

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County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 14

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Charles Gur

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) — unknown; (Day) —; (Year) 1842

AGE: 67 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): American

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May; (Day) 26; (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from May 11 190 9, to May 26, 190 9, that I saw h~~im~~ alive on May 26, 190 9, and that death occurred, on the date stated above, at 8 A M.

The CAUSE OF DEATH was as follows:

Epilepsy

(DURATION) DAYS

Contributory weak condition of Heart (DURATION) 2 DAYS

(Signed) H C Mudge M. D.

May 26 190 9 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: May 27 190 9

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed May 27 190 9

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Correct 32

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 75

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Unnamed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) Nov (Day) 26 (Year) 1908

AGE: — YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Wales Mich

NAME OF FATHER: Wesley Kitchen

BIRTHPLACE OF FATHER (State or country): Wales Mich

MAIDEN NAME OF MOTHER: Laura May Burt

BIRTHPLACE OF MOTHER (State or country): Wales Mich

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) C. McCue

(Address) Goodells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov (Day) 26 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from ..... 190..., to ..... 190..., that I saw h ..... alive on ..... 190..., and that death occurred, on the date stated above, at ..... M.

The CAUSE OF DEATH was as follows:

Still Born

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. McCue M. D.

May 28 190 9 (Address) Goodells

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ..... 190...

UNDERTAKER

ADDRESS

Filed May 28 190 9

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Township of Wales
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Village of
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City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics Correct

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

15

Registered No. ~~16~~

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Unnamed

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH	(Month)	(Day)	(Year)
	Mar	19	1904

AGE — YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Wales Mich

NAME OF FATHER: Seth Elsworth Campbell

BIRTHPLACE OF FATHER (State or country): Clyde Mich

MAIDEN NAME OF MOTHER: Ever Adell Knight

BIRTHPLACE OF MOTHER (State or country): Kenoshe Mich

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) C M McCue

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	Mar	19	1904

I HEREBY CERTIFY, That I attended deceased from ..... 190..., to ..... 190..., that I saw h..... alive on ..... 190..., and that death occurred, on the date stated above, at ..... M.

The CAUSE OF DEATH was as follows:

Still Born

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C M McCue M. D.

5/28 1904 (Address) Goodells

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	..... 190...
UNDERTAKER	ADDRESS

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

Correct 16

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 77

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME George Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) — (Day) — (Year) 1833

AGE: 76 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): St Clair Co

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May (Day) 27 (Year) 190 4

I HEREBY CERTIFY, That I attended deceased from May 10 190 4, to May 27, 190 4, that I saw h~~im~~ alive on May 25, 190 4, and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH was as follows:

Anasarca

(DURATION) 17 DAYS

Contributory Chronic Rheumatism

10 years (DURATION) ~~DAYS~~

(Signed) H. C. Mudge M. D.

May 27 190 4 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: May 28 190 4

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed June 1 190 4

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Department of State—Division of Vital Statistics

Correct 17

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. ~~18~~

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Samuel Drewbee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) — (Day) — (Year) 1827

AGE: 82 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 23 years; Parent of 3 children, of whom 2 are living

BIRTHPLACE (State or country): France

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June (Day) 14 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from June 1, 190 9, to June 17, 190 9, that I saw h~~im~~ alive on June 11, 190 9, and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH was as follows:

Senile Gangrene

(DURATION) DAYS

Contributory Old age

(DURATION) DAYS

(Signed) H C Midgley M. D.

6/17 190 9 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 6/17 190 9

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed 6/18 190 9

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Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 18

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

FULL NAME Benjamin Morehouse

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 12 (Day) 17 (Year) 1848

AGE: 61 YEARS, 6 MONTHS, 3 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: John Morehouse

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Margaret King

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John C Morehouse

(Address) Mt Clemens

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 6 (Day) 24 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from June 22 190 9, to June 24, 190 9, that I saw h~~im~~ alive on June 22, 190 9, and that death occurred, on the date stated above, at 9 A M.

The CAUSE OF DEATH was as follows:

Pericarditis

(DURATION) 365 DAYS

Contributory Muscular Chronic Rheumatism (DURATION) 4 years DAYS

(Signed) H C Mudge M. D.

6/28 190 9 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ..... 190 .....

UNDERTAKER

ADDRESS

Filed 6/30 190 9

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County of St Clair

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City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 19

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Clarissa E Card

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) July (Day) 26 (Year) 1840

AGE 69 YEARS, 11 MONTHS, 9 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 23 years; Parent of 3 children, of whom 2 are living

BIRTHPLACE (State or country) Canada

NAME OF FATHER Christopher Graw

BIRTHPLACE OF FATHER (State or country) American

MAIDEN NAME OF MOTHER Elizabeth McCumber

BIRTHPLACE OF MOTHER (State or country) Canada

OCCUPATION Dress Maker & housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph Card

(Address) Smiths Creek

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) July (Day) 17 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from July 7 1909, to July 17, 1909, that I saw her alive on July 7, 1909, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH was as follows:

Internal Hemorage

(DURATION) One DAYS

Contributory Ulcers of bowels

(DURATION) DAYS

(Signed) H C Mudge M. D.

7/18 1909 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Mt Pleasant

DATE OF BURIAL July 19 1909

UNDERTAKER S J Asquith

ADDRESS Memphis

Filed 7/23 1909

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PLACE OF DEATH

County of St Clair

Township of Wales
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Village of Goodells
or
City of

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 20

(No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME John Hardy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) — (Day) — (Year) 1818

AGE: 91 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of 1 children, of whom 1 are living

BIRTHPLACE (State or country): New York

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug 3 (Day) 3 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from July 1 1909, to Aug 3, 1909, that I saw him alive on July 30, 1909, and that death occurred, on the date stated above, at 3 A M.

The CAUSE OF DEATH was as follows:

Anasarca

(DURATION) 20 DAYS

Contributory Rheumatism

(DURATION) DAYS

(Signed) H C Mudge M. D.

8/3 1909 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: 8/3 1909

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 21

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Kathleen Elizabeth Waters

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) Aug (Day) 13 (Year) 1901

AGE: 8 YEARS, MONTHS, 10 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: Owen Waters

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Sarah West

BIRTHPLACE OF MOTHER (State or country): Michigan

OCCUPATION: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug (Day) 23 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from Aug 21 190 9, to Aug 23, 190 9, that I saw her alive on Aug 23, 190 9, and that death occurred, on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH was as follows:

Diphtheria

Aug 16 to Aug 23 (DURATION) 7 DAYS

Contributory Croup Pneumonia bronchitis

Membranous Croup (DURATION) DAYS

(Signed) Christopher M. Cure M.D.

8/24 190 9 (Address) Goodells

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: 8/27 190 9

UNDERTAKER: J. Asquith

ADDRESS: Memphis

Filed 8/30 190 9

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Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 22

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Harvey E Cowles

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) May (Day) 29 (Year) 1899

AGE: 60 YEARS, 3 MONTHS, 5 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 28 years; Parent of 5 children, of whom 5 are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: A J Cowles

BIRTHPLACE OF FATHER (State or country): Mass

MAIDEN NAME OF MOTHER: Olive Derby

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sep (Day) 3 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Sep 2 1909, to Sep 3, 1909, that I saw h~~im~~ alive on Sep 2, 1909, and that death occurred, on the date stated above, at 10 A M.

The CAUSE OF DEATH was as follows:

Fracture Dislocation of Neck

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G S Ney M. D.

9/3 1909 (Address) Port Huron

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Sep 5 1909

UNDERTAKER: Albert A Folk

ADDRESS: Port Huron

Filed Sep 4 1909

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Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 23

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Joseph Galarno

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) 8 (Day) 29 (Year) 1867

AGE: 42 YEARS, MONTHS, 14 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage years; Parent of children, of whom are living

BIRTHPLACE (State or country): Port Huron

NAME OF FATHER: Peter Galarno

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Bridget Callaghan

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION: Stewart

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs J H Lawson

(Address) Detroit

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from July 14 1908, to Sep 12, 1909, that I saw him alive on Sep 18, 1909, and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH was as follows:

Tuberculosis

(DURATION) 30 Years DAYS

Contributory One dose morphine

(DURATION) DAYS

(Signed) H C Mudge M. D.

9/11 1909 (Address) Wales

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence: How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL 190

UNDERTAKER: George Thompson

ADDRESS: Port Huron

Filed Sep 25 1909

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Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 24

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Edward Crowley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) June (Day) 19 (Year) 1861

AGE: 48 YEARS, 4 MONTHS, 7 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 36 years; Parent of 1 children, of whom 1 are living

BIRTHPLACE (State or country): Michigan

NAME OF FATHER: John Crowley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Ann O'Beard

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Ed Crowley

(Address) Emmett Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Aug 30 1909, to Oct 19, 1909, that I saw h~~im~~ alive on Oct 18, 1909, and that death occurred, on the date stated above, at 2 30 P.M.

The CAUSE OF DEATH was as follows:

Phthisis

(DURATION) One years DAYS

Contributory Asthenia

(DURATION) 12 DAYS

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

Oct 20 1909 (Address) Emmett Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Renovieve

DATE OF BURIAL: Oct 21 1909

UNDERTAKER: M D Donahue

ADDRESS: Emmett

Filed Oct 23 1909

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 25

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

PLACE OF DEATH.

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

FULL NAME Pearlie May Morris

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) July (Day) 6 (Year) 1890

AGE 19 YEARS, 3 MONTHS, 18 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN — If married, age at (first) marriage 16 years; Parent of 3 children, of whom 2 are living

BIRTHPLACE (State or country) Michigan

NAME OF FATHER John H Martin

BIRTHPLACE OF FATHER (State or country) Canada

MAIDEN NAME OF MOTHER Lilly Fisher

BIRTHPLACE OF MOTHER (State or country) Michigan

OCCUPATION housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Oct (Day) 27 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Oct 14 1909, to Oct 27, 1909, that I saw her alive on Oct 24, 1909, and that death occurred, on the date stated above, at 6 A M.

The CAUSE OF DEATH was as follows:

Puerperal Septicaemia

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) Christopher McCue M.D.

10/27 1909 (Address) Goodells

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Mt Pleasant

DATE OF BURIAL Oct 26 1909

UNDERTAKER N Jarvis

ADDRESS Memphis

Filed Oct 25 1909

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 26

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Frank W Whiting

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) (Day) (Year) 1858

AGE: 51 YEARS, MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage years; Parent of children, of whom are living

BIRTHPLACE (State or country): Canada

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct (Day) 29 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from Oct 1 190 9, to Oct 29, 190 9, that I saw h~~im~~ alive on Oct 29, 190 9, and that death occurred, on the date stated above, at 9 A M.

The CAUSE OF DEATH was as follows:

(DURATION) DAYS

Contributory Paralysis Complete

(DURATION) DAYS

(Signed) H C Mudge M. D.

Oct 30 190 9 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence

How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL 190

UNDERTAKER

ADDRESS

Filed Nov 1 190 9

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 27

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Amelia McCormick

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) May (Day) 12 (Year) 1899

AGE 10 YEARS, 6 MONTHS, 7 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE, NUMBER OF CHILDREN — If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country) Mich

NAME OF FATHER Wm McCormick

BIRTHPLACE OF FATHER (State or country) Mich

MAIDEN NAME OF MOTHER Maggie Wolvin

BIRTHPLACE OF MOTHER (State or country) Mich

OCCUPATION School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm McCormick

(Address) Smiths Creek

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Nov (Day) 19 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from Nov 10 1909, to Nov 19, 1909, that I saw her alive on Nov 18, 1909, and that death occurred, on the date stated above, at 2 A M.

The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 9 DAYS

Contributory Pneumonia

(DURATION) 4 DAYS

(Signed) G C Brock M.D.

11/20 1909 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Mt Pleasant

DATE OF BURIAL Nov 21 1909

UNDERTAKER B J Karrer Jr

ADDRESS Port Huron

Filed Nov 24 1909

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STATE OF MICHIGAN

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 28

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Mussey
or
Village of
or
City of (No. , St.; Ward)

FULL NAME Catherine Theresa Leayn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) Sep (Day) 26 (Year) 1814

AGE: 90 YEARS, 1 MONTHS, 27 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 25 years; Parent of 7 children, of whom 4 are living

BIRTHPLACE (State or country): New York

NAME OF FATHER: Godfrey Nestle

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Marra Bulson

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION: Farming

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov (Day) 22 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from Nov 18 190 9, to Nov 22, 190 9, that I saw her alive on Nov 18, 190 9, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Christopher W. McLeod M.D.

Nov 24 190 9 (Address) Geo W Reish

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL: Nov 26 190 9

UNDERTAKER: Chas E Lewis

ADDRESS: Almont

Filed Nov 24 190 9

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 29

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Hazel King

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) Nov (Day) 22 (Year) 1909

AGE Still Born YEARS, MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

AGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage — years
Parent of — children, of whom — are living

BIRTHPLACE (State or country) Goodells Mich

NAME OF FATHER Howard King

BIRTHPLACE OF FATHER (State or country) Wales Mich

MAIDEN NAME OF MOTHER Hattie Webb.

BIRTHPLACE OF MOTHER (State or country) Dryden Mich

OCCUPATION none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Hattie King

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Nov (Day) 22 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from ....., 190..., to ....., 190...,
that I saw h..... alive on ....., 190...,
and that death occurred, on the date stated above, at ..... M.
The CAUSE OF DEATH was as follows:

Still Born

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Christopher McLeve M. D.

Nov 24 1909 (Address) Goodells Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Mt Pleasant

DATE OF BURIAL Nov 25 1909

UNDERTAKER E Reich

ADDRESS Wales Mich

Filed Nov 24 1909

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PLACE OF DEATH

County of St Clair

Township of Wales
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Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 30

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ella Berey

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) (Day) (Year) 1857

AGE 52 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN — If married, age at (first) marriage — years; Parent of ~~nn~~ children, of whom — are living

BIRTHPLACE (State or country) St Clair Co

NAME OF FATHER Harrington

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Demphster Cowles

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Dec (Day) 18 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from Dec 1 190 9, to Dec 18, 190 9, that I saw her alive on Dec 12, 190 9, and that death occurred, on the date stated above, at 10 A M.

The CAUSE OF DEATH was as follows:

Paralysis Complete (DURATION) 18 DAYS

Contributory Rheumatism Chronic

(DURATION) DAYS

(Signed) H C Murdy M. D.

Dec 18 190 9 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Goodells

DATE OF BURIAL Dec 20 190 9

UNDERTAKER Demphster Cowles

ADDRESS Goodells

Filed Dec 22 190 9

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Registrar

PLACE OF DEATH

County of St Clair

Township of Wales

or

Village of

or

City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 31

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Margaret Watson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) — (Day) — (Year) 1824

AGE: 85 YEARS, MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of 5 children, of whom 3 are living

BIRTHPLACE (State or country): Scotland

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec (Day) 29 (Year) 190 9

I HEREBY CERTIFY, That I attended deceased from Dec 22 190 9, to Dec 29, 190 9, that I saw her alive on Dec 28, 190 9, and that death occurred, on the date stated above, at 10 P M.

The CAUSE OF DEATH was as follows:

Fracture upper left femur tow centre complete

complete (DURATION) 7 DAYS

Contributory Feeble ~~old~~ force

(DURATION) one DAYS

(Signed) H C Mudge M. D.

12/29 190 9 (Address) Wales

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence: How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Lakeside Cemetery

DATE OF BURIAL: Jan 1 1910

UNDERTAKER: Geo Thompson

ADDRESS: Pt Huron

Filed Jan 4 1910

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Cecilia Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (Month) Jan (Day) 9 (Year) 1910

AGE ..... YEARS, ... MONTHS, 7 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage ..... years; Parent of — children, of whom — are living

BIRTHPLACE (State or country) Michigan

NAME OF FATHER Frank Smith

BIRTHPLACE OF FATHER (State or country) Michigan

MAIDEN NAME OF MOTHER Clara Bagley

BIRTHPLACE OF MOTHER (State or country) Mich

OCCUPATION None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Pat Kelley

(Address) Smiths Creek

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Jan (Day) 17 (Year) 1910

I HEREBY CERTIFY, That I attended deceased from Jan 9 1910, to Jan 17, 1910, that I saw her alive on Jan 17, 1910, and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 8 DAYS

Contributory deformity

(DURATION) ..... DAYS

(Signed) G C Brock M. D.

Jan 17 1910 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence — How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Columbus

DATE OF BURIAL Jan 18 1910

UNDERTAKER J J Asgmith

ADDRESS Memphis

Filed Jan 20 1910

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Registrar

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Mathew Dowley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) — (Day) — (Year) 1840

AGE: 70 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Dowley

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Mar (Day) 3 (Year) 1910

I HEREBY CERTIFY, That I attended deceased from Dec 1 1909, to Mar 3, 1910, that I saw h[illegible] alive on Mar 3, 1910, and that death occurred, on the date stated above, at 5 A. M.

The CAUSE OF DEATH was as follows:

Alcoholism

(DURATION) DAYS

Contributory Morbine Fiend

with Old age (DURATION) 1 DAYS

(Signed) H C Mudge M. D.

3/4 1910 (Address) Wales

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Lakeside Cem

DATE OF BURIAL: Mar 5 1910

UNDERTAKER: Albert A Folk

ADDRESS: Port Huron

Filed Mar 7 1910

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wales

or

Village of

or

City of (No. , St.; Ward)

FULL NAME Harry Homer Goulding

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH (Month) Dec (Day) 4 (Year) 1888

AGE 21 YEARS, 3 MONTHS, 12 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage — years; Parent of — children, of whom — are living

BIRTHPLACE (State or country) Canada

NAME OF FATHER Henry Goulding

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Ann Long

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION Farming & Lumbering

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Mar (Day) 16 (Year) 1900

I HEREBY CERTIFY, That I attended deceased from Jan 1 1900, to Mar 16, 1900, that I saw him alive on March 16, 1900, and that death occurred, on the date stated above, at 2.10 A. M.

The CAUSE OF DEATH was as follows:

Asthma

(DURATION) 14 Yrs

Contributory Angina Pectoris

15 days (DURATION) 2 Yrs DAYS

(Signed) H. C. Mudge M. D.

Mar 16 1900 (Address) Wales Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Mt Pleasant

DATE OF BURIAL Mar 18 1900

UNDERTAKER C E Lewis

ADDRESS Almont

Filed Mar 17 1900

A TRUE COPY Geo W Resch Registrar

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Lambert Fox

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) (Day) (Year) 1816

AGE: 94 YEARS, — MONTHS, — DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 27 years; Parent of 5 children, of whom 3 are living

BIRTHPLACE (State or country): France

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dempster Cowles

(Address) Goodells Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1900

I HEREBY CERTIFY, That I attended deceased from Jan 31 1900, to Mar 21, 1900, that I saw h. alive on March 18, 1900, and that death occurred, on the date stated above, at 2 A. M.

The CAUSE OF DEATH was as follows:

Senile Gangrene

(DURATION) 65 DAYS

Contributory Old Age

(DURATION) DAYS

(Signed) H C Mudge M. D.

Mar 21 1900 (Address) Wales

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL: Goodells

DATE OF BURIAL: Mar 22 1900

UNDERTAKER: Dempster Cowles

ADDRESS: Goodells

Filed Mar 23 1900

A TRUE COPY Geo W Reish

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STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

FULL NAME John H Fitz

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH (Month) Nov (Day) 5 (Year) 1830

AGE 79 YEARS, 4 MONTHS, 18 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage ..... years
Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER John Fitz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magdalene Rudolph

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) .....

(Address) .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) March (Day) 23 (Year) 1900

I HEREBY CERTIFY, That I attended deceased from Mar 22 1900, to Mar 23, 1900, that I saw h~~im~~ alive on Mar 22, 1900, and that death occurred, on the date stated above, at 6 A M.

The CAUSE OF DEATH was as follows:

Asthma

many years (DURATION) DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) G. P. Hale M. D.

Mar 22 1900 (Address) Memphis Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ..... How long at place of death? ..... Days

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

PLACE OF BURIAL OR REMOVAL Lauck Cemetary

DATE OF BURIAL Mar 26 1900

UNDERTAKER Chas E Lewis

ADDRESS Ulmont

Filed Mar 24 1900

A TRUE COPY Geo W Reid

Registrar

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PLACE OF DEATH

County of St Clair

Township of Wales
or
Village of
or
City of (No. , St.; Ward)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below]

FULL NAME Mary Sentiner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) May (Day) 10 (Year) 1845

AGE: 67 YEARS, 10 MONTHS, DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage years; Parent of children, of whom are living

BIRTHPLACE (State or country): Ireland

NAME OF FATHER: John Nolan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Alpin

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Nolan

(Address) Emmett

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) March (Day) 18 (Year) 1900

I HEREBY CERTIFY, That I attended deceased from March 18 1900, to Mar 18, 1900, that I saw h~~im~~er alive on Mar 18, 1900, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) DAYS

Contributory Heart Disease

(DURATION) DAYS

(Signed) G. C. Brock M. D.

Mar 20 1900 (Address) Smiths Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence: How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL: Newlumber

DATE OF BURIAL: Mar 21 1900

UNDERTAKER

ADDRESS

Filed Mar 30 1900

A TRUE COPY Geo W Reich

Registrar

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