

1 PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

76 2421

County Shiawassee

Division of Vital Statistics

Township _____

CERTIFICATE OF DEATH

Village _____

Register No. 7City Corunna(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Edwin John Allmendingera) Residence No. 308 E. McArthur

St., Ward _____

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word) Married6a If married, widowed or divorced HUSBAND of (or) WIFE of Martha Allmendinger6 DATE OF BIRTH (Month, day and year) January 26, 18577 AGE Years 73 Months 5 Days 3 IF LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer.

9 BIRTHPLACE (city or town) Ann Arbor, Mich.
(state or country)10 NAME OF FATHER David Allmendinger11 BIRTHPLACE OF FATHER (city or town) Germany
(state or country)12 MAIDEN NAME OF MOTHER Charlotta Lizst13 BIRTHPLACE OF MOTHER (city or town) Washtenaw Co., Michigan
(state or country)14 Informant Mrs. Martha Allmendinger
(Address) 308 E. McArthur St.15 Date July 15, 1930 Registrar. Harry B. B. B.

MEDICAL CERTIFICATE OF DEATH

1930

16 DATE OF DEATH (Month, day and year) June 29, 193017 I HEREBY CERTIFY, that I attended deceased from May 30, 1930, to June 29, 1930 that I last saw him alive on June 29, 1930 and that death occurred on the date stated above at 7:20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic cystitis

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

CONTRIBUTORY (Secondary)

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

18 Where was disease contracted

If not at place of death ?

Did an operation precede death ? _____ Date of _____

Was there an autopsy ?

What test confirmed diagnosis ?

(Signed) E. H. Bailey, M. D.
July 1, 1930, Address Corunna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

(See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery,

Date of Burial

July 193020 UNDERTAKER Jennings & SonAddress OWOSSO