

1. PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

25 6356

County LapeerTownship Argentine

Village _____

Register No. 9

RESIDENT

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Alexander Russell Black(a) Residence No. R.T.D. 2 (Usual place of abode) Lansing Mich (If non-resident give city or town and state)Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (WRITE the word) widowed5a. If married, widowed or divorced HUSBAND of Margaret Wilson Black (or) WIFE of _____6. DATE OF BIRTH (Month, day and year) July 12 18677. AGE Years 69 Months _____ Days 16 IF LESS than 1 day _____ hrs. OR _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTH PLACE (city or town) Sterling (State or country) Scotland13. NAME David Black14. BIRTHPLACE (city or town) Sterling (State or country) Scotland15. MAIDEN NAME Elizabeth Russell16. BIRTHPLACE (city or town) Scotland (State or country) _____17. INFORMANT Mrs Nancy Crowell (Address) Linden Mich18. BURIAL, CREMATION, OR REMOVAL Place Okeemos Date July 30 193619. UNDERTAKER Bryant D. Powell (Address) Linden Mich20. FILED July 31 1936 Vera Gilbert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 193622. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to July 28, 1936I last saw him alive on July 28, 1936, death is saidto have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Duration 6 mo.

Other contributory causes of importance:

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? no Autopsy? no

In case of violence state if accident, homicide or suicide _____

Where did injury occur? _____ (Specify city, county or state)

In industry, home or public place? _____

Was disease or injury related to occupation of deceased? noSigned B.P. Sleeman MDAddress Linden Mich