

1 PLACE OF DEATH

County Ingham
 Township Lansing
 Village _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

33 3730

Register No. 30

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

2 FULL NAME William Alexander Black

(a) Residence No. Lansing R.F.D.7 St., Ward _____
 (Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year) Aug. 6 - 1926

7 AGE Years Months Days If LESS than 1 day ___ hrs. OR ___ min.
4 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last work at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lansing
 (State or country) Mich.

13. NAME William M. Black

14. BIRTHPLACE (city or town) England
 (State or country)

15. MAIDEN NAME Mary VanSyckle

16. BIRTHPLACE (city or town) Plainfield
 (State or country) Mich.

17. INFORMANT William M. Black
 (Address) Lansing R.F.D.7

18. BURIAL, CREMATION, OR REMOVAL
 Place Okemos Date May 16, 1931

19. UNDERTAKER Gorsline-Runciman Co.
 (Address) Lansing

20. FILED May 20, 1931 Roll B. Williams
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1931 to May 15, 1931

I last saw him alive on May 15, 1931; death is said to have occurred on the date stated above, at 7:50 a.m.

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

Scarlet Fever DURATION 6 days

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? _____

Signed A. H. Bruegel M. D.Address East Lansing Mich