

1 PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

State Office No.

25 3933

County GeneseeTownship Flint

Village _____

City Flint(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)Register No. 692 FULL NAME Clarence Benjamin Boomer(a) Residence No. Bristol Rd. 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 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word) Married5a If married, widowed or divorced HUSBAND of (or) WIFE of Flora6 DATE OF BIRTH (Month, day and year) Jan. 9, 18657 AGE Years Months Days If LESS than 1 day hrs. OR min.
65 11 15OCCUPATION 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. Retired
10. Date deceased last work at this occupation (month and year) Nov. 27, 1930 11. Total time (years) spent in this occupation 60 yrs.12. BIRTHPLACE (city or town) Flint Twp.
(State or country) Genesee Co., Mich.13. NAME Benjamin Boomer14. BIRTHPLACE (city or town) New York
(State or country)15. MAIDEN NAME Unity Forten16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Clement Boomer
(Address) Flint, Mich.18. BURIAL, CREMATION, OR REMOVAL
Place Bristol Cem. Date Dec. 28, 193019. UNDERTAKER Dodds-Dumanois Co.
(Address) Flint, Mich.20. FILED Dec 29, 1930 F. R. Ottaway
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 24, 193022. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930 to Dec 24, 1930I last saw him alive on Dec 24, 1930 death is said to have occurred on the date stated above, at 11:15 P.M.

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

Cerebral hemorrhage 9 days

DURATION

Other contributory causes of importance:

Hypothyroidism
If operation, date of None this illness

Condition for which performed

Organ or part affected BrainWas 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 Amos Rich M. D.Address Flint, Mich.M. Ottaway