

I PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

16 154

County Cheboygan

Division of Vital Statistics

Township Inverness

CERTIFICATE OF DEATH

Village \_\_\_\_\_

Registered No. 15

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carl Brandt

a) Residence No. 35 St., Ward \_\_\_\_\_  
(Usual place of abode)  
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

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (Month, day and year) July 23/22 19 \_\_\_\_\_

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

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_ that I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date stated above at \_\_\_\_\_ m.

6 DATE OF BIRTH (Month, day and year) Dec. 24th. 1842

The CAUSE OF DEATH\* was as follows:  
"Accidental Drowning"  
Fell in ditch by side of road

7 AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
79 6 29

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) Self (c) Name of employer.

CONTRIBUTORY (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (city or town) (state or country) Russia

18 Where was disease contracted If not at place of death? \_\_\_\_\_

10 NAME OF FATHER Unknown

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

11 BIRTHPLACE OF FATHER (city or town) (state or country) Unknown

Was there an autopsy? \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Unknown

What test confirmed diagnosis? (Signed) P. J. Ritter, M.D. Address Cheboygan

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown

\*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.)

14 Informant Gus Brandt (Address) Cheboygan

19 PLACE OF BURIAL, CREMATION, OR REMOVAL, Pine Hill, Cheboygan, Co. Date of Burial July 26/22 19 \_\_\_\_\_

15 Filed July 25, 1922 Charles Ramsey Registrar

20 UNDERTAKER P. J. Ritter Address Cheboygan