

PLACE OF DEATH
 County of Oscoda
 Township of Mt. Marion
 Village of Marion
 City of _____ (No. _____ St.; _____ Ward)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics
CERTIFICATE OF DEATH

608
 OCT. 6 1906
 Registered No. 9

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Alonzo Brewster

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>June</u> (Day) <u>1</u> (Year) <u>1906</u>	
AGE <u>3</u> months, <u>18</u> days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>X</u> Single	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>X</u> years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Mich.</u>	
NAME OF FATHER <u>Alonzo D Brewster</u>	
BIRTHPLACE OF FATHER (State or country) <u>Mich.</u>	
MAIDEN NAME OF MOTHER <u>Ethel May Blevins</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Mich.</u>	
OCCUPATION <u>None</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Sept</u>	(Day) <u>18</u>	(Year) <u>1906</u>
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HEREBY CERTIFY, that I attended deceased from August 31, 1906, to Sept 18, 1906, that I last saw him alive on Sept 18, 1906, and that death occurred, on the date stated above, at 11 A.M.
 The CAUSE OF DEATH was as follows:

Dysentery 14
 (DURATION) 18 DAYS
 Contributory Bottle-feeding.
 (DURATION) _____ DAYS
 (Signed) Donald Johnson M. D.
Sept 20, 1906 (Address) Marion, Mich.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
 Former or usual residence _____ How long at place of death? _____ Days
 Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Marion Tp.</u>	DATE OF BURIAL <u>Sept 20</u> , 190 <u>6</u>
UNDERTAKER <u>J. S. Curtis</u>	ADDRESS <u>Marion</u>
FILED <u>Sept. 20</u> , 190 <u>6</u>	<u>R. Blevins, Deputy</u> Registrar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
 (Informant) Ethel May Brewster
 (Address) Marion