

## 'PLACE OF DEATH

## STATE OF MICHIGAN

County Isabella  
 Township Vernon  
 or  
 Village  
 or  
 City

Department of State—Division of Vital Statistics

## CERTIFICATE OF DEATH

APR 7 1910

Registered No. 9

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Hosea Brown

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED widow  
 (Write the word)

DATE OF BIRTH June 15, 1836  
 (Month) (Day) (Year)

AGE 73 yrs. 9 mos. 5 ds. OR If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) New York

NAME OF FATHER Abraham Brown

BIRTHPLACE OF FATHER (State or country) not known

MAIDEN NAME OF MOTHER Marilla Breese

BIRTHPLACE OF MOTHER (State or country) New York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) James A. Peterson  
 (Address) 6 Clare Mich

Filed April 1, 1910 E. Brooks  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20, 1910  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 19, 1910, to Mar. 20, 1910, that I last saw him alive on Mar. 19, 1910, and that death occurred, on the date stated above, at 9 AM.

The CAUSE OF DEATH\* was as follows:

Angina Pectoris  
occasionally for  
 (Duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) James A. Peterson, M. D.  
Mar. 1, 1910 (Address) Clare

\* State the DISEASE CAUSING DEATH, or its deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Weston, Lapeere Co. Mich DATE OF BURIAL Mar 23, 1910

UNDERTAKEN A. Thurston & Son ADDRESS Clare