

County Berrien
Township Pipestone
Village Camelaine
City _____

MICHIGAN.

335

DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS.

CERTIFICATE AND RECORD OF DEATH.

REGISTERED NO.

Full name Isaac Wilson Chadwick Date of death

| MONTH | DAY | YEAR |
|----------------|------------------------|-------------|
| <u>18 Jan.</u> | <u>10th</u> | <u>1906</u> |

Place of death Camelaine St. _____ Sex M Color _____

Single, married, widowed or divorced Married

If married, age at (first) marriage 26 years.

Age

| YEARS | MONTHS | DAYS |
|-----------|----------|------|
| <u>83</u> | <u>1</u> | |

Parent of 6 children, of whom 3 are living.

Birthplace (State or country) New York

Occupation Summer

Name of father Luther Chadwick Birthplace of father (State or country) N.Y.

Maiden name of mother Miss Shell Birthplace of mother (State or country) Not known

Proposed date of burial or removal Jan 20 - 1906

Proposed place of burial Bethel Cem. Sodus Zwip

Proposed place of removal _____

Signature of undertaker H. E. Southart Address of undertaker Camelaine

Certificate of Reporter.

The personal and family particulars herein given relative to _____ are true to the best of my knowledge and belief. Witness my hand this _____ day

of Jan 1906

(Signature) Isaac Chadwick

(Address) Camelaine

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Jan 3 1906 to Jan 21 1906 that I last saw him alive on Jan 18 1906 that he died on Jan 18 1906 about 6 o'clock, P. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

Disease causing death* Ephoristic of lip 39

Immediate cause of death Amputation

Contributory causes or complications, if any Heart Disease

Post mortem _____

DURATION OF EACH CAUSE.

*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e.g., septicemia. Also whether amputation was performed, etc.

Witness my hand this _____ day of _____ 1906

Signature of physician, health officer or coroner F. E. Hubbard M. D.

(Address) Camelaine Mich