

401

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 58

MAY - 6 '19

1 PLACE OF DEATH
County Berrien
Township _____
Village _____
City Benton Harbor (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Linus Chadwick

(a) Residence. No. 280 Pleasant St. 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 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 <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Single</u>			16 DATE OF DEATH (Month, day and year) <u>April, 6th. 1919</u>	
6a If married, widowed, or divorced, HUSBAND or (or) WIFE of _____					17 I HEREBY CERTIFY, That I attended deceased from <u>April 1, 1919</u> , to <u>April 6, 1919</u> , that I last saw him alive on <u>April 6, 1919</u> and that death occurred on the date stated above at <u>2 P.m.</u>	
6 DATE OF BIRTH (Month, day and year.) <u>Feb. 12th 1849.</u>					The CAUSE OF DEATH* was as follows: <u>Chronic Interstitial Nephritis</u>	
7 AGE	Years <u>70</u>	Months <u>1</u>	Days <u>25</u>	If LESS than 1 day, _____ hrs. OR _____ min.		
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Coal Dealer.</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					18 Where was disease contracted If not at place of death? _____ (duration) <u>2</u> yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (city or town) (State or country) <u>Mich.</u>					CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
10 NAME OF FATHER <u>I. W. Chadwick.</u>					19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Bethel Cemetery</u> Date of Burial <u>4/8/1919</u>	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>N. Y.</u>					20 UNDERTAKER <u>O. W. Dean.</u> Address <u>Benton Harbor</u> City.	
12 MAIDEN NAME OF MOTHER <u>Sarah Fisher.</u>						
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Ohio,</u>						
4 Informant <u>Robie Chadwick,</u> (Address) <u>Benton Harbor, Mich.</u>						
5 Filed <u>Apr. 30, 1919</u> Registrar <u>W. M. Taylor</u>						

*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.)