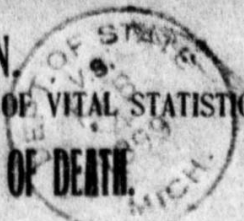


County *Saginaw*
Township
Village *Chesaning*
City

MICHIGAN

DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS.

CERTIFICATE AND RECORD OF DEATH.



445

REGISTERED NO

Full name *L. Earl Chapman* Date of death

MONTH.	DAY.	YEAR.
<i>Jan</i>	<i>16</i>	<i>1899</i>

Place of death Ward St. Sex *Male* Color *White*

Single, married, widowed or divorced

If married, age at (first) marriage years.

Age

YEARS.	MONTHS.	DAYS.
<i>16</i>	<i>5</i>	<i>17</i>

Parent of children, of whom are living. Birthplace (State or country) *Mich*

Occupation *School Teacher*
Name of father *L. Lyman Chapman* Birthplace of father (State or country) *Mass*
Maiden name of mother *Serena K. Vincent* Birthplace of mother (State or country) *Ohio*

Certificate of Reporter.

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my

Proposed date of burial or removal *Jan 19* 189*9*

hand this *18* day of *Jan* 189*9*

Proposed place of burial *Chesaning*

(Signature) *W. B. Walker*

Proposed place of removal via

(Address) *Chesaning*

{ Signature of undertaker *W. B. Walker* } Address of undertaker *Chesaning*

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from *Sept 8* 189*8* to *Jan 16* 189*9*, that I last saw him alive on *Jan 16* 189*9*, that he died on *Jan 16* 189*9*, about *10* o'clock, *a* M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as

hereunder written:

Disease causing death* *Bright's disease of kidneys*
Immediate cause of death *Heart stopped during convulsion*
Contributory causes or complications, if any *Epilepsy*
Post mortem *no*

DURATION OF EACH CAUSE.

97

*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 *18* day of *January* 189*9*

{ Signature of physician, health officer or coroner } *D. W. Mudge* M. D.

(Address) *Chesaning Mich*