

County Wayne
 Township Channing
 Village
 City

MICHIGAN
 DEPARTMENT OF STATE
 LANSING
 VITAL STATISTICS DIVISION
 CERTIFICATE AND RECORD OF DEATH.

268
 1902 REGISTERED NO.
 MIC⁴

Full Name Scorch by Chapman, Ward

Date of Death Jan 23 1902

Sex, married, widow or divorced Married (Wife) or female or white

If married, age at (last) marriage 21 yrs.
 First of 7 children, of whom 5 are living.

Age 77
 Date of Birth 1827 5 11

Residence Housekeeper

Notes: The occupations should be stated for all persons aged 15 years and over. In precise and definite, and whenever necessary give the kind of industry, trade or employment, as well as the special occupation.

Name of father David Chapman

Birthplace of father (State or country) Belchertown Mass

Name of mother Nancy Smith

Birthplace of mother (State or country) Wolpole Mass

Date of burial or cremation Jan 26 1902

Place of burial or cremation Channing

Signature of registrar W B Walker

Address of registrar Channing

Birthplace (State or county)

Belchertown Mass

Certificate of Reporter.

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

(Signed) Ward Ward
 (Address) Channing

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Jan 20 until Jan 23 1902.
 that I last saw him alive on Jan 23 1902, that he died on Jan 20 1902.
 about 2 o'clock P M., and that to the best of my knowledge and belief the CAUSE OF DEATH was

Secondary written:
 DISEASE CAUSING DEATH • Congestion of left lung 2 days
 immediate cause of death • Prostration & asphyxia two days
 Contributory cause or explanation of death • Spasmodic heart muscle + rupture
Stomach trouble
 (State also DISEASE CAUSING DEATH as contrasted, if other than place of death.)

Witness my hand this 23 day of Jan 1902

Signature of physician D W Wadley
 (Address) Channing Mich

*Physicians are requested to note the "Suggestion to Physicians Relative to Statements of Causes of Death" on the back of this certificate.
 In Violent Deaths, a different form of statement is necessary as follows:
 (1) Mode of injury and whether accidental, suicidal or homicidal.
 (2) Nature of injury (immediate cause of death).
 (3) Contributory causes.

Write Plainly with Unfading Ink—This is a Permanent Record.

For deaths in hospitals, treatments, etc., only. Hospital, sanitary or treatment.