

1. PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

147 809

County Livingston

Township \_\_\_\_\_

Village \_\_\_\_\_

Register No. 43

City Howell (No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Adelbert Dear Cook

(a) Residence No. 122 Summit St., Ward 1st  
(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

1936

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (WRITE the word) Widowed

21. DATE OF DEATH (month, day, and year) July 13 1936

3a. If married, widowed or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (Month, day and year) Aug 22 1966

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE Years Months Day IF LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min. 70 10 21

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Trucking

Cause of Death  
Coronary Thrombosis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTH PLACE (city or town) (State or country) Michigan

13. NAME Charles M Cook

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Martha Van Sickle

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Gloyd Cook (Address) Howell, Mich

18. BURIAL, CREMATION, OR REMOVAL Place Howell Mauney Date July 17 1936

19. UNDERTAKER C W Schaefer (Address) Howell Mich

20. FILED 7/14 1936 Damon K Day Registrar.

If operation, date of \_\_\_\_\_

Condition for which performed \_\_\_\_\_

Organ or part affected \_\_\_\_\_

Was there laboratory test? \_\_\_\_\_ Autopsy? \_\_\_\_\_

In case of violence state if accident, homicide or suicide \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city, county or state)

In industry, home or public place? \_\_\_\_\_

Was disease or injury related to occupation of deceased? \_\_\_\_\_

Signed Claude G. Roundelle

Address Howellville