

County Sanilac  
 Township Windsor  
 Village \_\_\_\_\_  
 City \_\_\_\_\_

**MICHIGAN.**

DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS.



**CERTIFICATE AND RECORD OF DEATH.**

REGISTERED NO. \_\_\_\_\_

Full name Henry Lee Cooper Date of death

MONTH.	DAY.	YEAR.
<u>Oct</u>	<u>3</u>	<u>1898</u>

(Place of death if in city) \_\_\_\_\_ Sex Male Color White  
 Single, married, widowed or divorced Baby  
 (If married, age at first marriage) \_\_\_\_\_ years Age 

YEARS.	MONTHS.	DAYS.
	<u>8</u>	<u>22</u>

  
 (Parent of \_\_\_\_\_ children, of whom \_\_\_\_\_ are living. Residence (State or country) Michigan

Occupation \_\_\_\_\_  
 (Name of father) Henry Wells Cooper (Residence of father) Michigan  
 (Name of mother) Helen Emily White (Residence of mother) Michigan  
 Date of burial or removal Oct 3-1898  
 Place of burial or removal Linden Mich  
 (Signature of undertaker) Bowlinghouse (Address of undertaker) Linden Mich

**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 hand this 4th day of Oct, 1898.  
 (Signature) Isaac Bowler  
 (Address) Linden Mich

**Medical Certificate of Cause of Death.**

I hereby certify that I attended deceased from Sept 30 1898 to October 3 1898  
 that I last saw him/her alive on October 2 1898 that he/she died on October 3 1898  
 about 9:30 o'clock P M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

IMMEDIATE CAUSING DEATH Septic infection  
 Immediate cause of death \_\_\_\_\_  
 Contributory causes or complications, if any \_\_\_\_\_  
 Post-mortem \_\_\_\_\_

DESCRIPTION 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 operation was performed, etc.

Witness my hand this 4th day of October, 1898.  
 (Signature of physician) Wm. Quillen M. D.  
 (Address) Linden Mich