

1. PLACE OF DEATH

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

*Strong*  
1919

County *Chickasaw*

CERTIFICATE OF DEATH

Township \_\_\_\_\_

Registered No. *47*

Village \_\_\_\_\_

City *Chickasaw* (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME *Joseph Deroshia*

(a) Residence No. *332 Miller* St. Ward *4*

(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

1919

1 SEX *Male* 2 Color or Race *White* 3 Single, Married, Widowed or Divorced *Married*  
(WRITE the word.)

16 DATE OF DEATH (Month, day and year) *July 7 1919*

4a If married, widowed, or divorced HUSBAND of (or) WIFE of *Eugene Spooner*

17 I HEREBY CERTIFY, That I attended deceased from *June 27th*, 1919, to *July 7*, 1919

5 DATE OF BIRTH (Month, day and year.) *April 23 1840*

and I last saw him alive on *July 7*, 1919, and that death occurred on the date stated above at *8 P.M.*

6 AGE Years *78* Months *2* Days *15* If LESS than 1 day. hrs. OR min.

The CAUSE OF DEATH\* was as follows:  
*Chronic nephritis*  
*120*

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retired Farmer* (duration) *1* yrs. mos. ds. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

8 BIRTHPLACE (city or town) (State or country) *Canada*

18 Where was disease contracted If not at place of death?

10 NAME OF FATHER *Colbert Deroshia*

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

11 BIRTHPLACE OF FATHER (city or town) (State or country) *Canada*

What test confirmed diagnosis? (Signed) *W. S. Livingston M. D.*

12 MAIDEN NAME OF MOTHER *Mildred Bird*

*July 7*, 1919, Address *Chickasaw Ave*  
\*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.)

13 BIRTHPLACE OF MOTHER (city or town) (state or country) *Canada*

14 Informant *Henry Deroshia* (Address) *Chickasaw*

19. PLACE OF BURIAL, CREMATION, OR Date of Burial REMOVAL *Calvary Cemetery July 9 1919*

25 Filed *July 1 1919* *Henry* Registrar

20. UNDERTAKER *St. Joseph City* Address