

I PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State—Division of Vital Statistics

Township _____

CERTIFICATE OF DEATH

183 124

Village _____

Registered No. 135City Cadillac(No. 4 St. 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Ervin N. Duwall(a) Residence. No. 812 Bairn Mick

St., Ward.

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

3 SEX M 4 Color or Race W 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced
HUSBAND of Hattie Duwall
(or) WIFE of _____6 DATE OF BIRTH (Month, day and year.) Sept 15 18877 AGE Years Months Days If LESS than 1 day, hrs. OR min.
34 _____ 18 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town) (State or country) Mich10 NAME OF FATHER Daniel Duwall11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio12 MAIDEN NAME OF MOTHER Elizabeth Leary13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ohio14 Informant Ernie Duwall
(Address) McBain15 Filed Sept 17, 1921 L. Ralston
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept 16th 192117 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1921, to Sept 16, 1921 that I last saw him alive on Sept 16, 1921 and that death occurred on the date stated above at _____

The CAUSE OF DEATH* was as follows:

Poisoning (Probably 165
fusil oil)

(duration) yrs. mos. ds.

CONTRIBUTORY Paralysis of Circulatory system
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? Main glands
If not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) P. W. Blarson M. D.Sept 17, 1921 Address Cadillac Mich

*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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL McBain

Date of Burial _____

20 UNDERTAKER P. W. BlarsonAddress Cadillac