

## PLACE OF DEATH

## STATE OF MICHIGAN

County *Shiawassee*

Department of State—Division of Vital Statistics

Township *Quincy*

## CERTIFICATE OF DEATH

Registered No. *10*OR *Rush*

City

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME *George Essig*

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *married*DATE OF DEATH *Aug. 12*, 191*0*  
(Month) (Day) (Year)DATE OF BIRTH *Jan. 25*, 1827  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from *July 16*, 191*0*, to *Aug 12*, 191*0*, that I last saw him alive on *Aug 12*, 191*0*AGE *83* yrs. *1* mo. *25* da. OR If LESS than 1 day, hrs. OR min.?and that death occurred, on the date stated above, at *11:10* am.OCCUPATION (a) Trade, profession or particular kind of work *Housewife* (b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:

*Stroke Gangrene of foot*  
(Duration) yrs. mos. da.BIRTHPLACE (State or country) *Pennsylvania*

Contributory (SECONDARY) (Duration) yrs. mos. da.

PARENTS NAME OF FATHER *John Essig*(Signed) *J. P. Black*, M. D. *813*, 191*0* (Address) *Henderson Mich*BIRTHPLACE OF FATHER (State or country) *Pennsylvania*MAIDEN NAME OF MOTHER *Ester*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

BIRTHPLACE OF MOTHER (State or country) *Pennsylvania*

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. da. In the State yrs. mos. da.

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

Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mr. Geo Essig*(Address) *Owosso*PLACE OF BURIAL OR REMOVAL *Capt Hill Cemetery* DATE OF BURIAL *Aug 15*, 191*0*Filed *Aug 13*, 191*0* *J. K. Allen* REGISTRARUNDERSEALER *L. W. Jennings* ADDRESS *Owosso*