

County Shiawassee

MICHIGAN.

635

Township

DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS.

Village

CERTIFICATE AND RECORD OF DEATH.

REGISTERED NO.

City

Full name John W Essig Date of death

MONTH.	DAY.	YEAR.
<u>Oct</u>	<u>19</u>	<u>1898</u>

{Place of death if in city} Ward; No. Rush Township St.

Sex Male

Color White

Single, married, widowed or divorced Married

YEARS.	MONTHS.	DAYS.
<u>43</u>	<u>9</u>	<u>14</u>

{If married, age at (first) marriage 26 years.

Age

{Parent of 4 children, of whom 2 are living. Birthplace (State or country) Ohio

Occupation Electrician

Certificate of Reporter

{Name of father} John W Essig {Birthplace of father (State or country) Pennsylvania

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my

{Maiden name of mother} Fredilena Gilbert {Birthplace of mother (State or country) Ohio

hand this 19 day

Date of burial or removal Oct 21 1898

of Oct 8 1898

Place of burial or removal Vault - Owosso City

(Signed) L Lapping

{Signature of undertaker} G F North

{Address of undertaker} Owosso

(Address) Owosso Mich

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from June 5th 1898 to Oct. 19th 1898

that I last saw him alive on Oct. 18th 1898, that he died on Oct. 19 1898

about 3 o'clock A.M. and that to the best of my knowledge and belief the CAUSE OF DEATH was as

hereunder written: Atheromatous degeneration of the blood DURATION OF EACH CAUSE.

DISEASE CAUSING DEATH* vessels of brain, producing insanity

Immediate cause of death Exhaustion.

Contributory causes or complications, if any None.

Post-mortem Post-mortem made, confirming above.

*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 20th day of Oct. 1898

{Signature of physician, health officer or coroner} A J Arnold M. D.

(Address) Owosso, Michigan.