

PLACE OF DEATH
 County of Washtenaw
 Township of Fulton
 Village of _____
 City of _____ (No. _____ St.; _____ Ward)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics
CERTIFICATE OF DEATH

Registered No. 10
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.)

FULL NAME Harold First

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) July (Day) 20 (Year) 1906

AGE _____ years, _____ months, _____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at first marriage _____ years
 Total of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Michigan

NAME OF FATHER Wm First

BIRTHPLACE OF FATHER (State or country) Michigan

MAIDEN NAME OF MOTHER Cora Carter

BIRTHPLACE OF MOTHER (State or country) Michigan

OCCUPATION _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm First
 (Address) Middleton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Sept (Day) 6 (Year) 1906

HEREBY CERTIFY, That I attended _____ Sept 20, 1906, to _____ Sept 5 that I last saw him _____ Sept 5 and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH was as follows:
Marasmus

Contributory _____

(Signed) Wm H. Kelly M. D.
 _____ 190____ (Address) Middleton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Naval Hospitals:
 *where or usual residence _____ how long at place of death? _____ days
 Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR CREMATION Baldreth Cemetery DATE OF BURIAL Sept 7 1906

UNDERTAKER Roy C Dodge ADDRESS Middleton

FILED Sept 10 1906 Wm H. Kelly Registrar