

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County *Washtenaw*

Township *Sullivan*

Village _____

City _____

DEC 6 1915

CERTIFICATE OF DEATH

Registered No. *27*

St.; _____ Ward) _____

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

FULL NAME *Marl First*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Male* COLOR OF RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF DEATH *Nov. 8, 1915*
(Month) (Day) (Year)

DATE OF BIRTH *June 16, 1914*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Nov 8, 1915*, to *Nov 8, 1915*, that I last saw him alive on *Nov 8, 1915*, and that death occurred, on the date stated above, at _____ M.

AGE *1 yrs. 5 mos. 12 ds.* If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Marasmus (?)
Physician said before death
blank came in and there is no way of obtaining any further data

OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) *D. M. Murray*, M. D. *Nov 10, 1915* (Address) *Middleton Mich*

BIRTHPLACE (State or country) *Michigan*

NAME OF FATHER *Wm First*

BIRTHPLACE OF FATHER (State or country) *Mich*

MAIDEN NAME OF MOTHER *Lora Carter*

BIRTHPLACE OF MOTHER (State or country) *Mich*

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

STATE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____

(Informant) *Wm First*

(Address) *Middleton Mich*

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____, 191____

Filed *Nov 30, 1915*, *D. B. Kriming* REGISTRAR

UNDERTAKER _____ ADDRESS _____