

## 1. PLACE OF DEATH

County Livingston

Township \_\_\_\_\_

Village \_\_\_\_\_

City Howell

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

## CERTIFICATE OF DEATH

Registered No. 192. FULL NAME Moses Frasier(a) Residence No. \_\_\_\_\_  
(Usual place of abode.)

St., Ward \_\_\_\_\_

MAR 8 1920

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 Color or Race W 5 Single, Married, Widowed or Divorced Married  
(WRITE the word.)5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6 DATE OF BIRTH (Month, day and year.) Mar. 15 - 18597 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
60 11   

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.10 NAME OF FATHER Robert Frasier11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Mrs. Moses Frasier  
(Address) Howell Mich15 Filed 2-18- 1920 J. H. Aldrich  
Registrar.

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb. 15 192017 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1920, to Feb 15, 1920that I last saw him alive on Feb 15, 1920 and that death occurred on the date stated above at S. P. M.

The CAUSE OF DEATH\* was as follows:

Pneumonia(duration) yrs. mos. 4 ds.CONTRIBUTORY Influenza  
(Secondary)(duration) yrs. mos. 8 ds.18 Where was disease contracted  
if not at place of death? \_\_\_\_\_Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) V. N. Richeson M. D.Feb 17, 1920, Address Howell 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

Date of Burial

Feb 18 1920

20. UNDERTAKER

Address

F. C. Schwachberg Howell Mich