

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

564

CERTIFICATE OF DEATH

Registered No. 4

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

PLACE OF DEATH
 County of *Ingham*
 Township of *White Oak*
 City of _____ (No. _____)

FULL NAME *Cyril Gauss*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

SINGLE, MARRIED, WIDOWED OR DIVORCED _____

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

DATE OF BIRTH *Aug. 23 1888*
 MONTH DAY YEAR

AGE *2 years, 8 months, 21 days*

OCCUPATION _____

BIRTHPLACE *White Oak*

NAME OF FATHER *Hartman Gottfried Gauss*

BIRTHPLACE OF FATHER *Michigan*

NAME OF MOTHER *Daisy Cooper*

BIRTHPLACE OF MOTHER *Michigan*

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

Informant *H. G. Gauss*
 (Address) *Weberville*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *May 14 1902*
 MONTH DAY YEAR

I HEREBY CERTIFY, That I attended deceased from *May 3 1902* to *May 14 1902* that I last saw him alive on *May 14 1902* and that death occurred, on the date stated above, at *9-9, M.* The CAUSE OF DEATH was as follows:
Inflammation of Brain

(DURATION) _____ DAYS

Contributory (DURATION) _____ DAYS

(Signed) *James H. Lemon M.D.*
 190 (Address) *Dausville*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
 Former or usual residence _____ How long at place of death? _____
 Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL *North Stockbridge cem.* DATE OF BURIAL *May 16 1902*

UNDERTAKER *J. M. Milner* ADDRESS *Stockbridge*

Filed *May 14 1902* Chas. A. Hayner Registrar