

PLACE OF DEATH
 County of Genesee
 Township of _____
 or
 Village of _____
 or
 City of Blind

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

MAY 6 1907

CERTIFICATE OF DEATH

Registered No. 95

[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 Walter Richard Hamper (No. 1514 Beach St.; 3 Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Apr (Day) 15 (Year) 1872

AGE 34 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN (If married, age at first marriage 20 years Parent of 0 children, of whom 0 are living)

BIRTHPLACE (State or country) Mich

NAME OF FATHER Alfred Hamper

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Adeline Parker

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION Carpenter

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

(Informant) Wm Hamper
 (Address) Blind Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Apr (Day) 12 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1907, to Apr 11, 1907, that I last saw him alive on Apr 11, 1907, and that death occurred, on the date stated above, at 10 P M.

The CAUSE OF DEATH was as follows:
103 Gastric Ulcer
 Contributory Haemorrhage

(Signed) B. S. Russell M. D.
Apr 13 1907 (Address) Blind

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

PLACE OF BURIAL OR REMOVAL Henton Mich DATE OF BURIAL Apr 17 1907

UNDERTAKER A W Dodds ADDRESS Blind

Filed April 13 1907 D. E. Newcomb Registrar