

PLACE OF DEATH
 County Saginaw
 Township or Village or City Chesaning
 (No. _____ St.; _____ Ward)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

197

CERTIFICATE OF DEATH

MAR - 6 '16

Registered No. 106

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

FULL NAME Edwin C. Hayden

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug 28, 1842 (Month) (Day) (Year)

AGE 73 yrs. 5 mos. 15 ds. If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (State or country) Mich

PARENTS
10 NAME OF FATHER Adison Hayden
11 BIRTHPLACE OF FATHER (State or country) P.A.
12 MAIDEN NAME OF MOTHER Mary Chadiwick
13 BIRTHPLACE OF MOTHER (State or country) P.A.

MEDICAL CERTIFICATE OF DEATH ✓

DATE OF DEATH Feb. 14th, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1913, to Feb 14, 1916, that I last saw him alive on Feb 11, 1916, and that death occurred, on the date stated above, at 4:30 a.m.

The **CAUSE OF DEATH*** was as follows:
Senility, heart dilatation as a result of old age.
74
(Duration) yrs. mos. ds.

Contributory (SECONDARY) _____
(Duration) yrs. mos. ds.

(Signed) W. H. Perry, M. D.
Feb 14, 1916 (Address) Chesaning Mich

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. B. Walker
 (Address) Chesaning

15 Feb 16, 1916
 Filed _____ 1916 REGISTRAR

18 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 _____

19 PLACE OF BURIAL OR REMOVAL Chesaning in vault **DATE OF BURIAL** Feb. 16, 1916

20 UNDERTAKER W. B. Walker **ADDRESS** Chesaning