

I PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

873

County Genesee

CERTIFICATE OF DEATH

Township _____

Registered No. 352

Village _____

City Flint

(No. 115 Richfield Road St. 2nd. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Wesley Hayden

(a) Residence No. 115 Richfield Road St. Ward. 2nd. MAR 6 1920
(Usual place of abode.)
Length of residence in city or town where death occurred 4 yrs. mes. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day and year.) March 4, 1893.

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
26 11 15

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter Work

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

(c) Name of employer House Builder

9 BIRTHPLACE (city or town) Advance Michigan
(State or country)

10 NAME OF FATHER John W. Hayden

11 BIRTHPLACE OF FATHER (city or town) North Star Michigan
(State or country)

12 MAIDEN NAME OF MOTHER Ester M. Allen

13 BIRTHPLACE OF MOTHER (city or town) Coloma Michigan
(state or country)

14 Informant Cash A. Hayden
(Address) Advance Michigan

15 Filed 2/20, 1920 F. D. King Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) February 19, 1920

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1920, to Feb. 19, 1920.

that I last saw him alive on Feb. 19, 1920 and that death occurred on the date stated above at 1:00 PM
The CAUSE OF DEATH* was as follows:

Septicemia due to Streptococci
Celulitis

10

(duration) yrs. mos. 6 ds.

CONTRIBUTORY Influenza
(Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) R. D. Tracy M. D.

Feb. 19, 1920 Address Flint, Michigan

*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

Advance Michigan

Feb. 20 1920

2 UNDERTAKER
W. H. Loss #1459

Address
Flint