

Township of Oxford **CERTIFICATE OF DEATH** MAR 6 1907
 Village of _____ Registered No. _____

City of _____ (No. _____, St. _____, Ward _____)
 FULL NAME Emerson G. Halland [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.]

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR white

DATE OF BIRTH (Month) (Day) (Year)
Jan 14 1853

AGE 54 years, 0 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED
Divorced

AGE AT MARRIAGE, NUMBER OF CHILDREN
 (If married, age at (last) marriage 21 years
 Parent of 3 children, of whom 2 are living

BIRTHPLACE (State or country)
Mich

NAME OF FATHER
Dorothy Halland

BIRTHPLACE OF FATHER (State or country)
New York

MAIDEN NAME OF MOTHER
Carline Hix

BIRTHPLACE OF MOTHER (State or country)
Ohio

OCCUPATION
Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
 (Informant) J. C. Baldwin
 (Address) Oxford

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from _____, 190____, to _____, 190____, that I last saw him alive on _____, 190____, and that death occurred, on the date stated above, at 2:21 P.M.

The CAUSE OF DEATH was as follows:
Accidentally struck by Motor Car, Killed Instantly

Contributory 66.6

(Signed) J. C. Baldwin M. D.
Feb 12, 1907 (Address) Oxford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Exotic Residents:
 Place of usual residence _____ Has lung at place of death? _____
 Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oxford DATE OF BURIAL Feb 12 1907

UNDERTAKER J. C. Baldwin ADDRESS Oxford
 Filed Feb 14 1907 J. A. McKeefry Registrar