

Place of death { County: *Washtenaw* } MICHIGAN DEPARTMENT OF STATE LANSING VITAL STATISTICS DIVISION. CERTIFICATE AND RECORD OF DEATH. [The Registrar should number each certificate received as early in week below, beginning with "1" for each year.] NOV 5 1907 REGISTERED NO. 110

City: *Washtenaw* Location in City: \_\_\_\_\_ Ward: No. \_\_\_\_\_ Full Name: *Carus M. Joslin* Date of Death: *Oct 9 1901*

Sex: *Male* Color: *White* Age: *50* years. (If married, age at first marriage: *31* years.) Date of Birth: *1850 Apr 29*

Occupation, if over 10 years of age: *Farmer* Birthplace (State or country): *New York* Name of father: *J. M. Joslin* Birthplace of father (State or country): *New York* Maiden name of mother: *Martha Chandler* Birthplace of mother (State or country): *New York* Date of burial or removal: *Oct 11 1901* Place of burial or removal: *Madilla Cem* Signature of undertaker: *J. Gayles* Address of undertaker: *Chamfield*

Certificate of Reporter. The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. (Signed) *W. D. M. Joslin* (Address) *Madilla*

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from *10 o'clock Oct 8 1901* to *9 o'clock P.M. Oct 8 1901* that I last saw *him* alive on *on Oct 8<sup>th</sup>* 1901, that he died on *Oct 9<sup>th</sup>* 1901 about *12-30* clock *A.M.*, and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH\* *Was injury by falling 166* Immediate cause of death: *Senile paralysis* 15 hours. Post-mortem *none*

\*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc. In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if puerperal. Witness my hand this *9<sup>th</sup>* day of *October* 1901. Signature of physician, health officer or coroner: *Samuel DeBois* (Address) *Madilla Mich*