

PLACE OF DEATH

County Cheboygan
Township or Village of Township
City

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

57

CERTIFICATE OF DEATH

Registered No.

St.

Ward:

Deceased received in
Hospital or institution
 Deceased received
at home or residence

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	NAME MOTHER WIFE OR SPOUSE OF DECEASED
Female	Black	Johnson

DATE OF BIRTH

November 7 1839
Age 87 years
87 yrs. m. 21 d. 27 m.

RESIDENCE

At time of death:
Address and name
Name of city
Name of state or country

BIRTHPLACE

(State or Country)

NAME OF FATHER

A. J.
Andrew Hensel

BIRTHPLACE OF FATHER

in America

NAME OF MOTHER

Anna Whipple

BIRTHPLACE OF MOTHER

in America

I CERTIFY AS TRUE TO THE BEST OF MY KNOWLEDGE

I am A. J. Johnson
son of Andrew Hensel
and Anna Whipple

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Lee 1, 1916
(Month) (Year)

I HEREBY CERTIFY, That I attended deceased from Lee, 1916, to Lee, 1916,
that I last saw him alive on Nov. 1, 1916,
and that death occurred, on the date stated above, at 6 P.M.
The CAUSE OF DEATH was as follows:

Angina pectoris

Contributory
(diseases)

Arthritis m. 6 m. 6 m.
Diphtheria m. m. m.

Lee, 1916, America

Show the Disease Causes Death, or in death from Violence, note
(1) Name of Injury, and (2) Whether Accidental, Intentional, or Natural.

LENGTH OF RESIDENCE (For Hospital, Institutions, Transients or
Transient Residents)

At time of death yrs. mos. da. In the
place of death yrs. mos. da.

Where did deceased resided?

If dead less than 1 year?

Former or
present residence

DATE OF BURIAL OR REMOVAL

Received by Lee, 1916
(Signature)
At government cemetery

DATE OF BURIAL

Address
Lee, 1916