

M. B.—Every loop of information should be carefully supplied. All sheets to be dated **EXACTLY**. Any change of date of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

PLACE OF DEATH

County _____
 Township or Village or City hlet

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 21

No. 955 E. Willis St. 13 Ward

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

FULL NAME John Suber

PERSONAL AND STATISTICAL PARTICULARS

SEX M **COLOR OR RACE** W **SINGLE, MARRIED, WIDOWED, OR DIVORCED** M
(Write the word)

DATE OF BIRTH July 8, 1876
(Month) (Day) (Year)

AGE 36 yrs. 5 mos. 23 d. **IF LESS than 1 day, hrs. or min.?**

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

BIRTHPLACE (State or country) Mich.

NAME OF FATHER John Suber

BIRTHPLACE OF FATHER (State or country) Ger

MAIDEN NAME OF MOTHER Barbara Mall

BIRTHPLACE OF MOTHER (State or country) Ger

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) A. Giervogel
 (Address) Det

Filed _____, 191__

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4, 1912, to Jan 1, 1913,
 that I last saw him alive on Dec 31, 1912
 and that death occurred, on the date stated above, at 12:15 PM

The CAUSE OF DEATH* was as follows:
Scarlet fever

Contributory La Grippe
(SECONDARY) (Duration) yrs. mos. d.

Signed: P. B. Taylor, M. D.
(Address) Det

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ d. In the State _____ yrs. _____ mos. _____ d.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Lutheran **DATE OF BURIAL** Jan 3, 1913

UNDERTAKER Giervogel & Hein **ADDRESS** Det

REGISTRAR