

Part of death
 County Cladwin
 Township Blument
 Village _____
 City _____
 { Location }
 { in City } Ward; No. _____ St. _____

MICHIGAN
 DEPARTMENT OF STATE
 LANSING
 VITAL STATISTICS DIVISION.



18
 REGISTERED NO. _____

CERTIFICATE AND RECORD OF DEATH

Full Name Mc Comuck Date of Death April 3 1905

Single, married, widowed or divorced single Sex Male Color white

If married, age at (first) marriage _____ years.
 { If married, age at (first) marriage }
 { of children, of whom } _____ are living.

Occupation _____ Age _____ Date of birth _____

NOTE—The occupation should be stated for all persons aged 10 years and over. Be precise and definite, and whenever necessary give the kind of industry, trade or employment, as well as the special occupation.

Name of Father Peter McComick Birthplace of father (State or country) Can

Maiden name of mother Belle Hunt Birthplace of mother (State or country) Can

Date of burial or removal April 3 1905 Place of burial or removal Edwards

Signature of undertaker _____ Address of undertaker _____

Birthplace (State or country) Michigan
 Certificate of Reporter.
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.
 (Signed) _____
 (Address) _____

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from _____ 190____ to _____ 190____
 that I last saw him alive on _____ 190____, that _____ died on _____ 190____
 about _____ o'clock, _____ M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as here-
 under written:

DISEASE CAUSING DEATH • unknown
 Immediate cause of death • unknown
 Contributory causes or complications, if any • unknown
 Post-mortem _____
 { Place where DISEASE CAUSING DEATH was contracted, if other than place of death. } _____

*Physicians are requested to note the "Suggestions to Physicians Relative to Statement of Causes of Death" on the back of this certificate.
 In Violent Deaths, a different form of statement is necessary, as follows:
 (1) Mode of injury and whether accidental, suicidal or homicidal;
 (2) Nature of injury (immediate cause of death);
 (3) Contributory causes.

Witness my hand this 4 day of April 1905
 Signature of physician, health officer or coroner Wm. W. [Signature]
 (Address) At large