

## 1. PLACE OF DEATH

County Genesee  
 Township \_\_\_\_\_  
 Village \_\_\_\_\_

## MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics  
 CERTIFICATE OF DEATH

State Office No.

22521544

Register No. 47

City Flint (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Peter McCormick  
 (a) Residence No. 1321 Broadway St., Ward Flint, Mich  
 (Usual place of abode) (If non-resident give city or town and state)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (WRITE the word)

5a. Married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (Month, day and year) July 21, 1850

7. AGE Years Months Days 87 5 19  
 IF LESS than 1 day hrs. OR min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTH PLACE (city or town) Canada  
 (State or country)

13. NAME Unknown McCormick

14. BIRTHPLACE (city or town) Unknown  
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown  
 (State or country)

17. INFORMANT John McCormick  
 (Address) 1321 Broadway Flint

18. BURIAL, CREMATION, OR REMOVAL  
 Place West Branch Date 1/10, 1938

19. UNDERTAKER E. L. Steyer  
 (Address) West Branch

20. FILED 1-12-38 19 George Kaye, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on Dec 1-10, 1938, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia Duration

Other contributory causes of importance:

Exposure

Operation, date of

Condition for which performed

Organ or part affected

Was there laboratory test? Autopsy? No

In case of violence state if accident, homicide or suicide

Sickness

Where did injury occur? city  
 (Specify city, county or state)

In industry, home or public place? Home

Was disease or injury related to occupation of deceased? No

Signed James K. Gallenland

Address Carman, Genesee Co., Mich.

