

## 1. PLACE OF DEATH

County Genesee  
 Township Guines  
 Village Swartz Creek

## MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

## CERTIFICATE OF DEATH

State Office No.

25 7750

Register No. 7

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

2. FULL NAME Ralph Thomas Sherman

(a) Residence No. Swartz Creek St., Ward \_\_\_\_\_  
 (Usual place of abode)

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.  
 (If non-resident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (Month, day and year) Feb 10, 1927

7. AGE Years Months Days IF LESS than 1 day hrs. OR min.  
12 5 24

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

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. BIRTHPLACE (city or town) Guines Twp. Michigan  
(State or country)13. NAME William Sherman14. BIRTHPLACE (city or town) Clayton Twp. Mich  
(State or country)15. MAIDEN NAME Clena Muehlen16. BIRTHPLACE (city or town) Mundy Twp. Mich  
(State or country)17. INFORMANT William Sherman  
(Address) Swartz Creek

18. BURIAL, CREMATION, OR REMOVAL

Place Bristol Cem Date Sept 6, 193919. UNDERTAKER Bendle Funeral Home  
(Address) Swartz Creek20. FILED Sep 5, 1939 Edw. Raubinger  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 4, 193922. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1939 to Sept 4, 1939I last saw him alive on Sept 4, 1939; death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthma 4 hrs. 7 years

Other contributory causes of importance:

progressive heart weakness from difficult respiratory efforts none

If operation, date of \_\_\_\_\_

Condition for which performed \_\_\_\_\_

Organ or part affected \_\_\_\_\_

Was there laboratory test? \_\_\_\_\_ Autopsy? \_\_\_\_\_

In case of violence state if accident, homicide or suicide \_\_\_\_\_

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

In industry, home or public place? \_\_\_\_\_

Was disease or injury related to occupation of deceased? Signed James Houston M.D.Address Swartz Creek