

Place of death  
 County Bay  
 Township Wolver  
 Village \_\_\_\_\_  
 City \_\_\_\_\_  
 { Location }  
 in City

MICHIGAN  
 DEPARTMENT OF STATE  
 LANSING  
 VITAL STATISTICS DIVISION.

CERTIFICATE AND RECORD OF DEATH.

The Registrar should  
 number each certificate  
 received in the space  
 below, and file with  
 "K" in the year in  
 which issued.

418

REGISTERED NO.

8

MONTH	DAY	YEAR
APR	6	1903

Full Name Wm H Needham

Date of Death

Single, married, widowed or divorced Married

Sex Male Color White

{ If married, age at (first) marriage 37 years.

{ Parent of 12 children, of whom 11 are living.

Occupation Farmer

Age

YEARS	MONTHS	DAY
77	11	26

Date of birth

YEAR OF BIRTH	MONTH	DAY
1830	4	10

{ 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 Wm Needham

{ Birthplace of father (State or country) Eng.

{ Maiden name of mother Not known

{ Birthplace of mother (State or country) "

{ Date of burial or removal Apr 10 1903

{ Place of burial or removal Bauger Tp

{ Signature of undertaker J. J. Miller

{ Address of undertaker West Bay City

Certificate of Reporter.

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.

{ Signed F. L. Van Dusen

{ Address West Bay City

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Apr. 3 1903 to Apr 5 1903

that I last saw him alive on Apr 5 1903, that he died on Apr 6 1903

about 6 o'clock, a M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH \* Toxemia 74

Immediate cause of death \*

Contributory causes or complications, if any \*

Post-mortem No

{ Place where DISEASE CAUSING DEATH was contracted, if other than place of death. }

DURATION OF EACH CAUSE.

\* 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 6 day of April 1903

{ Signature of physician, health officer or coroner E. C. Withers M. D.

{ Address Autumn