

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Genesee

615

Township _____

CERTIFICATE OF DEATH

MAY 5 1915

Registered No. 144

or

Village _____

or

City Fleet(No. 614 SmithSt. 5 Ward _____

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

' FULL NAME Henry Parkhurst

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|---------------------------------|---|
| 1 SEX <u>Male</u> | 2 COLOR OR RACE <u>White</u> | 3 SINGLE, MARRIED, WIDDED, OR DIVORCED (Write the word) <u>Married</u> |
|----------------------|---------------------------------|---|

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|---|
| 4 DATE OF BIRTH <u>Feb. 28, 1840</u> |
| (Month) (Day) (Year) |

| | |
|--|--------------------------------|
| 5 AGE <u>75</u> yrs. <u>1</u> mo. <u>9</u> da. <u>02</u> min. | IF LESS than 1 day, _____ hrs. |
|--|--------------------------------|

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| 6 OCCUPATION (a) Trade, profession or particular kind of work <u>Drayman</u> |
| (b) General nature of industry, business, or establishment in which employed (or employer) |

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|---|
| 7 BIRTHPLACE (State or country) <u>Michigan</u> |
|---|

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|---|
| 10 NAME OF FATHER <u>Henry Parkhurst</u> |
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| 11 BIRTHPLACE OF FATHER (State or country) <u>N. Y.</u> |
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| 12 MAIDEN NAME OF MOTHER <u>Margaret Nelson</u> |
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| 13 BIRTHPLACE OF MOTHER (State or country) <u>N. Y.</u> |
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| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Fred Parkhurst</u> |
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| |
|------------------------------|
| (Address) <u>Fleet, Mich</u> |
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| 15 Filed <u>Apr 10, 1915</u> <u>D. E. Newcomb</u> REGISTRAR |
|--|

MEDICAL CERTIFICATE OF DEATH

| |
|---|
| 8 DATE OF DEATH <u>April 9, 1915</u> |
| (Month) (Day) (Year) |

17 I HEREBY CERTIFY, That I attended deceased from Apr, 1915, to Apr 9, 1915, that I last saw h. a. alive on Apr. 9, 1915, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH* was as follows:

79
Organic Heart Trouble
(Duration) 1 yrs. _____ mo. _____ da.

| |
|---|
| Contributory (SECONDARY) (Duration) _____ yrs. _____ mo. _____ da. |
| (Signed) <u>Jas C. McInerney</u> , M. D. <u>Apr 10, 1915</u> (Address) <u>Fleet, Mich.</u> |

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

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| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mo. _____ da. In the State _____ yrs. _____ mo. _____ da. |
| Where was disease contracted, if not at place of death? Former or usual residence _____ |

| | |
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| 19 PLACE OF BURIAL OR REMOVAL <u>Bristol Cemetery</u> | DATE OF BURIAL <u>Apr 11, 1915</u> |
|--|---------------------------------------|

| | |
|--|-------------------------------|
| 20 UNDERTAKER <u>Dadds-Dunaway Co</u> | ADDRESS <u>Fleet, Mich</u> |
|--|-------------------------------|