

PLACE OF DEATH

Sanilac

Watertown

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

CERTIFICATE OF DEATH

250

JUN-6 '16

Registered No. 6

XXXXXXXXXX

(No. _____)

St. _____

Ward) _____

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

FULL NAME Peter Provost,

PERSONAL AND STATISTICAL PARTICULARS

1 COLOR OR RACE	2 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

3 DATE OF BIRTH
 March 24 1841
 (Month) (Day) (Year)

4 AGE AT DEATH
 75 yrs. 2 mos. 7 ds. If LESS than 1 day, ____ hrs. or ____ min.

5 OCCUPATION
 5a. profession or kind of work
 Farming

5b. nature of industry, or establishment in which employed (or employer)

6 PLACE OF BIRTH
 (State or country)
 Canada,

7 NAME OF FATHER
 Samuel Provost

8 BIRTHPLACE OF FATHER
 (State or country)
 Canada,

9 MAIDEN NAME OF MOTHER
 Elizabeth Gravel
 Mary Provost,

10 BIRTHPLACE OF MOTHER
 (State or country)
 Canada,

11 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

12 SIGNATURE OF DECEASED
 Peter Provost Jr.

13 ADDRESS OF DECEASED
 Sandusky, Mich.

14 SIGNATURE OF REGISTRAR
 June 3, 1916. Eloy Henderson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH
 May 31 1916
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 10th, 1916, to July 31st, 1916, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at 6 P.M.

17 The CAUSE OF DEATH* was as follows:

Droopy - caused from Heart Disease
 79

18 (Duration) ____ yrs. ____ mos. ____ ds.

19 Contributory (SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) P. A. Mance M.D., M. D.
 June 7th, 1916 (Address) Deekville

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

20 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence _____

21 PLACE OF BURIAL OR REMOVAL

Greenwood Cem.

DATE OF BURIAL

June 4, 1916

22 UNDERTAKER

A. W. Mc Ninch.

ADDRESS

Sandusky,