# STATE OF MICHIGAN

Department of State--Division of Vital Statistics

JUL 9 1913

## CERTIFICATE OF DEATH

[1] PLACE OF DEATH

County Genesee

Township or Village or City Flint (No. 617 W. Court St.; 3 Ward)

Registered No. 229

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

[2] FULL NAME John Richards

### PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: October (Month) 15 (Day), 1843 (Year)

[7] AGE: 69 yrs. 7 mos. 19 ds. If LESS than 1 day, ..... hrs. or ..... min.?

[8] OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): New Jersey

PARENTS

[10] NAME OF FATHER: William Richards

[11] BIRTHPLACE OF FATHER (State or country): New Jersey

[12] MAIDEN NAME OF MOTHER: Sarah Pierson

[13] BIRTHPLACE OF MOTHER (State or country): New Jersey

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs John Richards

(Address) Flint Michigan

[15] Filed June 5, 1913. D. E. Newcomb, REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: June 4 1913 (Month) (Day) 191 (Year)

[17] I HEREBY CERTIFY, That I attended deceased from May 23, 1913, to June 20, 1913, that I last saw him alive on June 2nd, 1913, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows: Arterio sclerosis (81) causing lack of com pensation on part of heart

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

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. S. Jackling, M. D.

..... 191 (Address) .....

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

[18] 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

[19] PLACE OF BURIAL OR REMOVAL: Bristol Cem. Genesee Co. Mich.

DATE OF BURIAL: June 6, 1913

[20] UNDERTAKER: Jennings-McKinney Co.

ADDRESS: Flint Mich.