

1. PLACE OF DEATH

County Ingham

Township _____

Village _____

City E. Lansing (No. Sparrow Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)STATE OF MICHIGAN
Department of State—Division of Vital Statistics 1923 1275

CERTIFICATE OF DEATH

Registered No. H4

2. FULL NAME

(a) Residence No. 315 Evergreen St., Ward. _____ (If non-resident give city or town and state.)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word.) Married5a If married, widowed, or divorced HUSBAND of Sarah Van Dyckel (or) WIFE of _____6 DATE OF BIRTH (Month, day and year.) May 7, 18667 AGE Years 56 Months 8 Days 12 If LESS than 1 day, hrs. OR min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work State employe
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town) (State or country) Michigan10 NAME OF FATHER Jas. Bayles11 BIRTHPLACE OF FATHER (city or town) (State or country) New York12 MAIDEN NAME OF MOTHER Agnes Sillman13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York14 Informant Mrs. J. G. Bayles (Address) E. Lansing15 Filed 1/19 1923 J. R. Hill Registrar.

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MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan 19th 192317 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1923, to Jan 19 1923 that I last saw him alive on Jan 18, 1923 and that death occurred on the date stated above at 4.9 m.

The CAUSE OF DEATH* was as follows:

Pressure atrophy of both kidney due to a large prostate causing acute uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? noDid an operation precede death? yes Date of Jan 15Was there an autopsy? noWhat test confirmed diagnosis? Blood Chemistry(Signed) L. Darling M. D.. 19 . Address 107 1/2 S Penn Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Stockbridge, Mich Jan 22 1923

20. UNDERTAKER Address

J. H. Mapes Chelsea