

PLACE OF DEATH

County of BenzieTownship of Mundy

Village of _____

City of _____

(No. _____)

St. _____

STATE OF MICHIGAN

Department of State - Division of Public Statistics

CERTIFICATE OF DEATH

1906

Registered No. _____

FULL NAME Nathan Selden

(If death occurred in a hospital or institution, give its NAME instead of street and number. If away from usual residence, give "Special Institution" below.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)
Sept. 22 1886AGE 20 years 3 months 16 daysSINGLE, MARRIED, WIDOWED, OR DIVORCED SingleAGE AT MARRIAGE, NUMBER OF CHILDREN
Married, age at (first) marriage 0 years
First child, age at (first) marriage 0 yearsBIRTHPLACE (NAME OF COUNTY) MichiganNAME OF FATHER Frank SeldenBIRTHPLACE OF FATHER (NAME OF COUNTY) New YorkMARRIAGE NAME OF MOTHER Kate BadgleyBIRTHPLACE OF MOTHER (NAME OF COUNTY) MichiganOCCUPATION Farmer

NAME ABOVE ENTERED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. C. Badgley

(Address) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Jan 8 1906I HEREBY CERTIFY, That I attended deceased from _____, 1906, to _____, 1906, that I last saw him _____ after on _____, 1906, and that death occurred, on the date stated above, at 6:30 P.M.The CAUSE OF DEATH was as follows:
Concussion of brain, thrown violently to ground by log rolling over him. Dead when I first saw him.

Contributory _____ (reason) _____

(Signed) H. H. Bess M. D.
19/06 1906 (Address) B. SeldenSPECIAL EXAMINATION only for Hospitals, Institutions, Churches or Local Boards:
Cause of death _____ Day of death _____
Date of death _____

Have you been notified, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Mount Hope Cemetery DATE OF BURIAL Jan 10 1906WITNESSES Must Bowles London MichDate Feb 9 1906 John R. Smith Registrar