County Geneses	MICHIGAN			287
Township Plint DEPART	MENT OF STATE—DIVISION	OF VITAL ST	ATISTICS	V
Village	TALLET OF STATE—DIVISION	or tilacion	Acres 6.3	, , , , , , , , , , , , , , , , , , ,
City	CERTIFICATE AND REGORD	OF DEATH.	898 /	TERED NO
Ed a m	Supper Date of dea	НТЯОМ	14 HDAY	YEAR.
Full name CHAPTA 371.	Date of dea	Mart	179	189.8
Place of death Town He	se Sex	nale	Color 10	hite
Hugle, married, widowed or dixorced		YEARS.	MONTHS.	DAYS.
If married, age at (first) marriage		179	7	2
Parent of H. children, of whom H.	are living. Birthplace (State	or country)	Ten yu	s-h
Occupation farmes			ertificate of	Reporter.
Name of Sonnal Zupp	Birthplace of father (State or country)	The Th	e personal and	family partic-
Maiden name of Louis Cerola	(Birthplace of mother (State)	deces	herein give used are true to t riedge and belief	he best of my
- //	22 1898		this	day
Proposed place of burial Bristol	Cemetry	of. 2	mes 1	
Proposed place of pamoval	via	(Sign		u mapeu
Signature of Fued Menze	Address of Glint Mi	ch (Ada	ress) OME	m
Medica	al Certificate of Cause of	Death.		
I hereby certify that I attended decease	d from mar 15	189 & to &	man	18 180 8
hat I last saw h alive on 20142		~		
bout 10 o'clock, A., M., and			/	
ereunder written:	201			
	P. 1.1. L.			OF RACH CAUSE.
Disease causing death. Semile		2	Block.	9 Muches
mmediate cause of death. Genny	o chility			
Contributory causes or complications, if any.	Dropos			
Post mortem 220				
	100	7	0-	
*In case of a Violent Death, state (1) With mode of injury and whether accidental,	ness my hand this	day of	march	189.5
nature of the injury and the immediate Sig	gnature of physician, }	27	Bati	
cause of death; (3) contributory causes or conditions, e.g., septicemia. Also whether amputation was performed, etc.	the officer execution }	m.	Jan Jan Land	
shetter amputation was performed, etc.	(Address)	Olm	5 m	rele