

## 1 PLACE OF DEATH

County GeneseeTownship Flint

Village \_\_\_\_\_

City F(No. \_\_\_\_\_ St. \_\_\_\_\_ 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

## CERTIFICATE OF DEATH

Registered No. 14

143

2 FULL NAME William Dayton Tupper(a) Residence, No. Flint Twp. St., Ward. \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word) Marrieda If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Olevia TupperDATE OF BIRTH (Month, day and year) March 17th. 1851AGE Years Months Days If LESS than 1 day, hrs. OR min.  
68 1 20

## OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

BIRTHPLACE (city or town) (State or country) Michigan10 NAME OF FATHER Edgar Tupper11 BIRTHPLACE OF FATHER (city or town) (State or country) New York12 MAIDEN NAME OF MOTHER Francis Darling13 BIRTHPLACE OF MOTHER (city or town) (state or country) New YorkInformant Mrs. Wm. Tupper  
(Address) Flint, MichiganFiled May 17 1919 Ernest Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 7th. 191917 I HEREBY CERTIFY, That I attended deceased from May 2d. 1918, to May 7th. 1918, that I last saw him alive on May 6. 1918 and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Sagan Pneumonia  
92  
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

Signed: J. S. Reynolds M. D.May 7. 1918 Address Sunny Creek Mich.

\*State the DISEASE CAUSING DEATH, or its death 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

Bristol Cemetery May 10th 1919

2 UNDERTAKER Address

Dodds-Dumanois Co. Flint, Mich.