

County Genesee
Township _____
Village _____
City Flint

MICHIGAN.

DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS.

CERTIFICATE AND RECORD OF DEATH.

REGISTERED NO. 18

Full name Oliver James Clark

Date of death

MONTH.	DAY.	YEAR.
<u>Sept.</u>	<u>26</u>	<u>1897</u>

Place of death 1 Ward Lyon st. west St.

Sex Male

Color White

Single, married, widowed or divorced Married

If married, age at (first) marriage 18 years.

Age

YEARS.	MONTHS.	DAYS.
<u>59</u>		

Parent of 3 children, of whom 2 are living.

Birthplace (State or country) New York State

Occupation Housewife

Name of father William Van Dyke Birthplace of father (State or country) unknown

Maiden name of mother Betsy Rogers Birthplace of mother (State or country) "

Proposed date of burial or removal Sept 28th 1897

Proposed place of burial Gravestone

Proposed place of removal _____ via _____

Signature of undertaker F. Menzer Address of undertaker Flint Mich

Certificate of Reporter.

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my

hand this 28th day of Sept. 1897

(Signature) A. G. Clark

(Address) Flint Mich.

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Apr 1897 to July 1897

that I last saw him alive on July 29th 1897, that he died on Sept 26th 1897

about 7 o'clock, A. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as

hereunder written:

Disease causing death* W. P. Pulmonary

Immediate cause of death _____

Contributory causes or complications, if any _____

Post mortem _____

DURATION OF EACH CAUSE.

*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e.g., septicemia. Also whether amputation was performed, etc.

Witness my hand this

27th day of Sept 1897

Signature of physician, health officer or coroner

H. J. Danison M. D.

(Address) _____

Flint Mich.