

PLACE OF DEATH  
 County of Livingston  
 Township of Urberville  
 or  
 Village of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics  
**CERTIFICATE OF DEATH**

157  
 3  
 Registered No. \_\_\_\_\_



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

FULL NAME David F. Van Syckel

PERSONAL AND STATISTICAL PARTICULARS

|  |  |                 |                    |
|--|--|-----------------|--------------------|
| SEX                                    | <u>Male</u>  | COLOR           | <u>White</u>       |
| DATE OF BIRTH                          | (Month) <u>January</u>                                   | (Day) <u>16</u> | (Year) <u>1832</u> |
| AGE                                    | <u>73</u> years, <u>3</u> months, <u>1</u> days          |                 |                    |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED  | <u>Married</u>   |                 |                    |
| AGE AT MARRIAGE.                       | If married, age at (first) marriage <u>32</u> years      |                 |                    |
| NUMBER OF CHILDREN                     | Parent of <u>4</u> children, of whom <u>4</u> are living |                 |                    |
| BIRTHPLACE (name or country)           | <u>Warren Co New Jersey</u>                              |                 |                    |
| NAME OF FATHER                         | <u>Samuel F. Van Syckel</u>                              |                 |                    |
| BIRTHPLACE OF FATHER (name or country) | <u>New Jersey</u>  |                 |                    |
| RESIDENCE NAME OF MOTHER               | <u>Sarah Sutphen</u>                                     |                 |                    |
| BIRTHPLACE OF MOTHER (name or country) | <u>New Jersey</u>  |                 |                    |
| OCCUPATION                             | <u>Farmer</u>  |                 |                    |

MEDICAL CERTIFICATE OF DEATH

|               |                      |                 |                    |
|---------------|----------------------|-----------------|--------------------|
| DATE OF DEATH | (Month) <u>April</u> | (Day) <u>17</u> | (Year) <u>1905</u> |
|---------------|----------------------|-----------------|--------------------|

I HEREBY CERTIFY, That I attended deceased from Jan, 1905, to Apr 17, 1905, that I last saw him alive on Apr 17, 1905, and that death occurred, on the date stated above, at 9 P M.

The CAUSE OF DEATH was as follows:  
Cerebral Paresis

Contributory Long Heart

(Signed) C. B. Ryan M. D.  
4/18 1905 (Address) Stockbridge

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Emigrants:  
 Former or usual residence \_\_\_\_\_ How long at place of death? \_\_\_\_\_ Days  
 Where was disease contracted, if not at place of death? \_\_\_\_\_

|                                  |                                  |
|----------------------------------|----------------------------------|
| PLACE OF BURIAL OR REMOVAL       | DATE OF BURIAL                   |
| <u>Plainfield</u>                | <u>Apr. 20</u> 190 <u>5</u>      |
| UNDERTAKER                       | BOOKER                           |
| <u>J. P. Dayles</u>              | <u>Stockbridge</u>               |
| Filed <u>Apr 25</u> 190 <u>5</u> | <u>L. H. Miller</u><br>Registrar |

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  
 Informant B. Van Syckel  
 (Address) Plainfield