

PLACE OF DEATH

County of Livingston
 Township of Uxbridge
 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. 3

[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) (Day) (Year) <u>January 16 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 NUMBER OF CHILDREN If married, age at (first) marriage <u>32</u> years Parent of <u>4</u> children, of whom <u>4</u> are living	
BIRTHPLACE (State or country) <u>Warren Co New Jersey</u>	
NAME OF FATHER <u>Samuel F. Van Syckel</u>	
BIRTHPLACE OF FATHER (State or country) <u>New Jersey</u>	
SURNAME OF MOTHER <u>Sarah Sutphen</u>	
BIRTHPLACE OF MOTHER (State or country) <u>New Jersey</u>	
OCCUPATION <u>Farmer</u>	

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

Informant B. Van Syckel
 (Address) Plainfield

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year) <u>April 11 1905</u>		
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I HEREBY CERTIFY, That I attended deceased from Jan 1905, to April 11 1905, that I last saw him alive on April 11 1905, and that death occurred, on the date stated above, at 9:15 M.

The CAUSE OF DEATH was as follows:

Cerebral Paralysis
 (duration) 30 days

Contributory Long & Hard(Signed) C. B. ... M. D.4/18 1905 (Address) Stockbridge

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

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 <u>Plainfield</u>	DATE OF BURIAL <u>Apr. 20 1905</u>
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UNDERTAKER <u>J. P. Sayles</u>	DOCTOR <u>Stockbridge</u>
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Filed April 25 1905
L. H. Miller
 Registrar