

PLACE OF DEATH

STATE OF MICHIGAN

184

County

Township

OR

Village

OR

City

Superior Livingston
Whitehella
Plainfield

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

JUN -7 '16

Registered No.

4.

FULL NAME

Edgar Van Syckel

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

DATE OF BIRTH *March 16, 1843*
(Month) (Day) (Year)

AGE *73 yrs. 2 mos. 0 ds.* If LESS than 1 day, hrs. or min.?

OCCUPATION *Farmer*
(a) Trade, profession or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE *Madilla Mich*
(State or country)

10 NAME OF FATHER *Samuel H Van Syckel*

11 BIRTHPLACE OF FATHER *New Jersey*
(State or country)

12 MAIDEN NAME OF MOTHER *Sarah Sufton*

13 BIRTHPLACE OF MOTHER *New Jersey*
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. G. Sayles*

(Address) *77 Stockbridge Mich*

Filed *June 5, 1916* *E. Brocherton*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 16, 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May 2, 1916*, to *May 16, 1916*, that I last saw him alive on *May 14, 1916*, and that death occurred, on the date stated above, at *m.*

The CAUSE OF DEATH* was as follows:

Paralysis - 66

Contributory (SECONDARY) _____
(Duration) yrs. mos. ds.

(Signed) *H. F. Digler*, M. D.
May 17, 1916 (Address) *Pine Street Mich*

* State the DISEASE CAUSING DEATH, or its deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL *Plainfield Mich* DATE OF BURIAL *May 19, 1916*

20 UNDERTAKER *L. M. Milner* ADDRESS *Stockbridge Mich*