

PLACE OF DEATH  
 County Livingston  
 Township Unadilla  
 Village \_\_\_\_\_  
 City \_\_\_\_\_

MICHIGAN DEPARTMENT OF HEALTH  
 Division of Vital Statistics  
**CERTIFICATE OF DEATH**

State Office No.  
**47 2011**

Register No. 12

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 2 FULL NAME Frank Montague Van Syckel  
 (a) Residence No. \_\_\_\_\_ St. Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and state)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ada N. Gaus

6 DATE OF BIRTH (Month, day and year) June 28 1876

7 AGE Years 54 Months 3 Days 3 If LESS than 1 day hrs. OR min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last work at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unadilla, Mich

13. NAME Edgar Van Syckel

14. BIRTHPLACE (city or town) (State or country) Unadilla, Mich

15. MAIDEN NAME Mrs Louise Montague

16. BIRTHPLACE (city or town) (State or country) Unadilla, Mich

17. INFORMANT (Address) Mr Frank Van Syckel

18. BURIAL, CREMATION, OR REMOVAL Place Plainfield Date Oct 4 1930

19. UNDERTAKER (Address) W. Mines

20. FILED Oct 14 1930 Blaine S. Pool Registrar

**MEDICAL CERTIFICATE OF DEATH** Oct 1 1930

21. DATE OF DEATH (month, day, and year) Oct 1 1930

22. I HEREBY CERTIFY, That I attended deceased from 1926 to Oct 1 1930

I last saw him alive on Oct 1 10 P.M. 1930, death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows: Diabetes Mellitus 5'9

Other contributory causes of importance: Influenza Pneumonia

If operation, date of \_\_\_\_\_

Condition for which performed \_\_\_\_\_

Organ or part affected \_\_\_\_\_

Was there laboratory test? Yes Autopsy? No

In case of violence state if accident, homicide or suicide \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city, county or state)

In industry, home or public place? \_\_\_\_\_

Was disease or injury related to occupation of deceased? No

Signed Blaine S. Pool M. D.  
 Address Unadilla Mich