

PLACE OF DEATH

County Livingston
 Township Uddellia
 or
 Village _____
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

209

CERTIFICATE OF DEATH

SEP 7 1915

Registered No. 6

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

FULL NAME John Firman Van Dyckel

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE American SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (Write the word)

DATE OF BIRTH December 20, 1889
 (Month) (Day) (Year)

AGE 55 yrs. 7 mos. 17 ds. OR 17 mos. 17 ds.
 If LESS than 1 day, hr. OR min.

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

BIRTHPLACE (State or country) New Jersey

10 NAME OF FATHER Samuel F Van Dyckel

11 BIRTHPLACE OF FATHER (State or country) Sussex Co. N. J.

12 MAIDEN NAME OF MOTHER Sarah Sutton

13 BIRTHPLACE OF MOTHER (State or country) Sussex Co. N. J.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hazel B Van Dyckel

(Address) Stockbridge, Mich.

15 Filed Aug 10, 1915 N. E. Marshall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 6, 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1915 to Aug 5, 1915, that I last saw him alive on Aug 5, 1915, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency

Contributory Old Age
 (Duration) yrs. mos. ds.

(Signed) H. E. Brown, M. D.
Aug 7, 1915 (Address) Stockbridge

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS, 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 Aug 9, 1915

20 UNDERTAKER L. M. Pulner ADDRESS Stockbridge