

## 1. PLACE OF DEATH

County Livingston  
 Township Sydney  
 Village \_\_\_\_\_

## MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

## CERTIFICATE OF DEATH

State Office No.

47 3799

Register No. 3

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Loft Van Syckel

(a) Residence No. \_\_\_\_\_ St., Ward Fenton Mich.  
 (Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 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 Jennie Van Syckel

6. DATE OF BIRTH (Month, day and year) April 17-1866

7. AGE Years Months Days 13 1 27  
 IF LESS than 1 day hrs. OR min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Livingston Co Michigan  
 (State or country)

13. NAME David Van Syckel

14. BIRTHPLACE (city or town) New Jersey  
 (State or country)

15. MAIDEN NAME Augusta Van Syckel

16. BIRTHPLACE (city or town) Livingston Co Michigan  
 (State or country)

17. INFORMANT (Address) 1145 Fenton Mich.

18. BURIAL, CREMATION, OR REMOVAL Place Transfield Date Dec 7, 1939

19. UNDERTAKER (Address) Byram St. Boro Mich.

20. FILED 1/3, 1940 E. R. Robinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-13-, 1939, to 12-4, 1939

I last saw him alive on Dec. 2, 1939; death is said to have occurred on the date stated above, at 8 a. m.  
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion Duration

Other contributory causes of importance:  
Coronary Sclerosis  
Gen. Atherosclerosis

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

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

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

Was there laboratory test? \_\_\_\_\_ Autopsy? \_\_\_\_\_

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? \_\_\_\_\_

Signed Dr. L. B. Walcott

Address Fenton, Mich