

## 1. PLACE OF DEATH

County Genesee  
 Township \_\_\_\_\_  
 Village \_\_\_\_\_

## MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

## CERTIFICATE OF DEATH

State Office No.

22522368

Register No. 950City Flint(No. Hurley Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Britton White(s) Residence No. 10603 Fenton Road St., Ward Grand Blanc Township  
 (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 <b>Male</b>	4. Color or Race <b>White</b>	5. Single, Married, Widowed or Divorced (WRITE the word) <b>Married</b>
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5a. If married, widowed or divorced  
 HUSBAND of  
~~XXXXXX~~ Aurora White6. DATE OF BIRTH (Month, day and year) May 10, 1875

7. AGE	Years	Months	Days	IF LESS than 1 day hrs. OR min.
<b>63</b>	<b>4</b>	<b>2</b>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Products Co.,

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Kingston  
 (State or country) Ontario13. NAME Unknown14. BIRTHPLACE (city or town) Unknown  
 (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown  
 (State or country)17. INFORMANT Mrs. Auroro White  
 (Address) 10603 Fenton Rd - Flint18. BURIAL, CREMATION, OR REMOVAL  
 Place Bristol Cem. Date 9-14-38 1919. UNDERTAKER W. H. Doherty, Inc.  
 (Address) Flint, Michigan20. FILED 9-13-38 19 George Kaye M.D.  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on 9-12, 1938; death is said to have occurred on the date stated above, at 7:45 A. M.  
 The principal cause of death and related causes of importance were as follows:

Duration

Fractured cervical spineCo.,

Other contributory causes of importance:

accidental FallIf operation, date of Cast

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

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

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

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

Where did injury occur? accident Hospital  
 (Specify city, county or state)In industry, home or public place? HurleyWas disease or injury related to occupation of deceased? noSigned James K. SutherlandAddress Caravel, Genesee CoMial