

PLACE OF DEATH
 County of Gladwin
 Township of Clement
 or
 Village of
 or
 City of (No. St.; Ward)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

JUN 5 1913

CERTIFICATE OF DEATH

Registered No.
 [If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME John Kenneth White ✓

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR w

DATE OF BIRTH (Month) (Day) (Year)
3 June 3, 1913

AGE
 years months 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

AGE AT MARRIAGE, NUMBER OF CHILDREN
 { If married, age at (first) marriage years
 { Parent of children, of whom are living

BIRTHPLACE (State or country)
Gladwin Co.

NAME OF FATHER
Britton White

BIRTHPLACE OF FATHER (State or country)
Canada

MAIDEN NAME OF MOTHER
Anna Mueller

BIRTHPLACE OF MOTHER (State or country)
Mich

OCCUPATION
Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
 (Informant) Chas. Stevens
 (Address) Alger R #1

MEDICAL CERTIFICATE OF DEATH 1913

DATE OF DEATH (Month) (Day) (Year)
3 June 1913

I HEREBY CERTIFY, That I attended deceased from 190..... to 190....., that I last saw him alive on 190....., and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:
convulsions 174
no medical attendance

..... (DURATION) DAYS
 Contributory

..... (DURATION) DAYS
 (Signed) M. D.

..... 190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
 Former or usual residence How long at place of death? Days
 Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 190.....

UNDERTAKER ADDRESS

Filed June 3 1913 Chas. Stevens Registrar