

CERTIFICATE OF DEATH

FEB 5 1920

REGISTERED

Alfred M. Vaseh

CITY Ann Arbor  
I have certified to a husband or husband, give the NAME of each and last name

1. FULL NAME Reuben M. Fuller

PERSONAL AND DESCRIPTIVE PARTICULARS

2. SEX Male Race White Color of Hair Reddish

3. NAME OF DECEASED dephrona Fuller

4. DATE OF BIRTH July 10 - 1892

5. AGE 27 Years 6 Months 10 Days

6. OCCUPATION OF DECEASED Farmer

7. PLACE OF BIRTH N.Y. State

8. NAME OF FATHER Reuben Fuller

9. NAME OF MOTHER Lara Fuller

10. PLACE OF DEATH N.Y. State

11. NAME OF PHYSICIAN Dr. H. Lewis

12. NAME OF BURIAL PLACE St. Paul Church

GENERAL CERTIFICATE OF DEATH

13. DATE OF DEATH January 26 1920

14. I HEREBY CERTIFY that deceased passed from Jan 23 1920 to Jan 23 1920

15. THE CAUSE OF DEATH was as follows

Valvular Heart Disease

16. WHERE WAS DEATH CERTIFIED? at place of death

17. SIGNATURE OF PHYSICIAN Chas. H. Lewis

18. SIGNATURE OF REGISTRAR John J. ...

19. PLACE OF BURIAL, CEMETERY, DATE OF BURIAL St. Paul Church, Jan 29 1920