

PLACE OF DEATH

County of

Township of

Village of

City of

(No. \_\_\_\_\_)

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

## 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

James Rose

AUG 5, 1910 (Ward)

## PERSONAL AND STATISTICAL PARTICULARS

SEX	Male	COLOR	White
DATE OF BIRTH	(Month) June	(Day) 4	(Year) 1910
AGE	years, 0 months, 0 days		

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage \_\_\_\_\_ years  
(Parent of \_\_\_\_\_ children, of whom \_\_\_\_\_ are living)

BIRTHPLACE (State or country)

Willsdale Co.

NAME OF FATHER

Jesse Rose

BIRTHPLACE OF FATHER (State or country)

Willsdale Co.

MAIDEN NAME OF MOTHER

Anna Davis

BIRTHPLACE OF MOTHER (State or country)

Mo

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Jesse Rose

(Address)

Osseo Mich

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) July

(Day) 4

(Year) 1910

HEREBY CERTIFY, That I attended deceased from June 30, 1910, to July 3, 1910, that I last saw him alive on July 3, 1910, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Congenital Heart Disease

Contributory

(Signed)

Dra. J. H. Thayer, M. D.  
July 5, 1910 (Address) Osseo Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Reced Residents:

Former or usual residence

How long at place of death

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

UNDERTAKEN

DATE OF BURIAL

Filed

July 5, 1910

Dora Phillips

Registrar