

County of Calumet

Department of State—Division of Vital Statistics

Township of _____

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village of Vernonville

Registered No. 5

City of _____ (No. _____ St.; _____ Ward)

[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 Jackson Wood

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Feb (Day) 14 (Year) 1834

AGE 75 YEARS 4 MONTHS 17 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 22 years Parent of - children, of whom - are living

BIRTHPLACE (State or country) New York

NAME OF FATHER Hegskiah Wood

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Mary Adams

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) Mrs J S Wood (Address) Vernonville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) July (Day) 1 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from June 23 1909, to July 1 1909, that I saw him alive on July 1 1909, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 9 DAYS

Contributory (DURATION) _____ DAYS

(Signed) J D McEachern M. D. July 2 1909 (Address) Vernonville

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 Woodlawn Vernonville DATE OF BURIAL July 4 1909

UNDERTAKER C E Hammond & Son ADDRESS Vernonville

Filed July 3 1909 A TRUE COPY C C Hallembrecht Registrar

MARGIN RESERVED FOR BINDING. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Form 93—11-08-500 blank, 100 pages. Form 93—11-08-500 blank, 100 pages.