

County of Calhoun

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or Village of Vernonville

Registered No. 2

or 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 John Innes

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR white

DATE OF BIRTH (Month) Jan (Day) 7 (Year) 1910

AGE 74 YEARS MONTHS 24 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

BIRTHPLACE (State or country) Ohio

NAME OF FATHER Hugh Innes

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Retired farmer

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

(Informant) W E Innes

(Address) 77 1/2

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Jan (Day) 31 (Year) 1910

I HEREBY CERTIFY, That I attended deceased from March 1909, to Jan 31, 1910, that I saw him alive on Jan 30, 1910, and that death occurred, on the date stated above, at 2:30 AM

The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

(DURATION) 10 mo DAYS

Contributory Heart trouble

(DURATION) 2 yrs DAYS

(Signed) J D McEachern M. D.

Feb 2 1910 (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 Cem DATE OF BURIAL Feb 2 1910

UNDERTAKER C E Hammond Vernonville ADDRESS

Filed Feb 2 1910 A TRUE COPY C C Hallenbeck Registrar

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

MARGIN RESERVED FOR BINDING.