911

PLACE OF DEATH

County of Eaton

Township of ....

or

Village of Vermontville

or

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

[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 Cornelius A Hallenbeck

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH (Month) Feb (Day) 21 (Year) 1839

AGE 70 YEARS, 10 MONTHS, 12 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) New York

NAME OF FATHER C Jacob Hallenbeck

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Elizabeth Haines

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION Retired Farmer

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

(Informant) C A Hallenbeck

(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Jan (Day) 2 (Year) 1910

I HEREBY CERTIFY, That I attended deceased from Dec 19 1909, to Jan 1, 1910, that I saw h[illegible] alive on Jan 1, 1910, and that death occurred, on the date stated above, at 3 a M.

The CAUSE OF DEATH was as follows:

Cardiac Atrophia
Dilation Sterto cardiac
Syncope Death
Dilation (DURATION) Several 350 DAYS

Contributory Acute cerebral
(DURATION) .... DAYS

(Signed) C C Snell M. D.

Jan 3 1910 (Address) Vermontville

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

DATE OF BURIAL .... 190..

UNDERTAKER C R Hammond

ADDRESS Vermontville

Filed Jan 3 1910

A TRUE COPY C C Hallenbeck

Register

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

MARGIN RESERVED FOR BINDING.

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Form 98—11-09-500 blks, 100 pages