

County of Calhoun

Department of State—Division of Vital Statistics

Township of
or
Village of Vernontown
or

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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 Henry M Slout

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR White

DATE OF DEATH (Month) March (Day) 15 (Year) 1900

DATE OF BIRTH (Month) May (Day) 5 (Year) 1866

I HEREBY CERTIFY, That I attended deceased from Nov 25 1909, to March 15, 1900, that I saw him alive on March 15, 1900, and that death occurred, on the date stated above, at 5-7 P. M. The CAUSE OF DEATH was as follows:

AGE 43 YEARS, 10 MONTHS, 15 DAYS

Bright disease
5 mo (DURATION) _____ DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

Contributory _____ (DURATION) _____ DAYS

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

(Signed) J. D. M. Eachman M. D. March 17 1900 (Address) Vernontown

BIRTHPLACE (State or country) Calhoun Co Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents :
Former or usual residence _____ How long at _____ place of death? _____ Days

NAME OF FATHER Wm D Slout

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Anna Noonan

BIRTHPLACE OF MOTHER (State or country) Inland

OCCUPATION Barber

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

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

PLACE OF BURIAL OR REMOVAL Calhoun Mich DATE OF BURIAL March 18 1900

(Informant) Wm P Slout

UNDERTAKER C E Hammond ADDRESS VX 7 Vlle

(Address) Vernontown

Filed March 17 1900 A TRUE COPY C C Hallenbeck Registrar

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

MARGIN RESERVED FOR BINDING. MARGIN RESERVED FOR BINDING.