

County of Canton

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Township of _____
or
Village of Vermontville
or
City of _____ (No. _____ St.; _____ Ward)

Registered No. 7

[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 Rex W Briggs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR white
DATE OF BIRTH (Month) (Day) (Year)
April 5 1880

AGE
30 YEARS 3 MONTHS 13 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED
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)
Mich

NAME OF FATHER
Alfred M Briggs

BIRTHPLACE OF FATHER (State or country)
Mich

MAIDEN NAME OF MOTHER
Laura Benedict

BIRTHPLACE OF MOTHER (State or country)
Ohio

OCCUPATION
Barber

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

(Informant) Alfred M Briggs
(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
July 18 1910

I HEREBY CERTIFY, That I attended deceased from May 12 1910, to July 18 1910, that I saw him alive on July 18 1910, and that death occurred, on the date stated above, at 11 A.M.
The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Contributory _____

(Signed) C S Snell M. D.

July 18 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 Cem DATE OF BURIAL July 20 1910

UNDERTAKER C E Hammond ADDRESS Vermontville

Filed July 19 1910 A TRUE COPY C E Hammond Registrar

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.