

County of Easton

Township of \_\_\_\_\_

or \_\_\_\_\_

Village of Village of Vermontville

or \_\_\_\_\_

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

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 14

[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 Daniel Delymu Waltersdorf

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year) \_\_\_\_\_

AGE April 2, 1902  
dated of birth 8 YEARS 6 MONTHS 11 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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 Daniel P Waltersdorf

BIRTHPLACE OF FATHER (State or country) Mich

MAIDEN NAME OF MOTHER Ida M Schrader

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION None

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

(Informant) J P Waltersdorf  
(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year) Oct 13 1900

I HEREBY CERTIFY, That I attended deceased from August 16 1900, to Oct 13 1900, that I saw him alive on Oct 13 1900, and that death occurred, on the date stated above, at 4 P M.

The CAUSE OF DEATH was as follows:

Gastroic Enteritis

Contributory Hemorrhage of Stomach

(Signed) J D McEachern M. D.  
Mr 3 1900 (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 Lincoln Cemetery DATE OF BURIAL Oct 16 1900

UNDERTAKER Wes Wisner ADDRESS Charlotte

Filed Mr 3 1900 A TRUE COPY J C Hallenbeck Registrar

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

MARGIN RESERVED FOR BINDING.

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130