

County of Calhoun

Department of State—Division of Vital Statistics

Township of Vernon

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Village of Vernonville

Registered No. 8

City of Vernonville (No. 1 St.; 1 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 Ed Grant

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Male COLOR White

DATE OF BIRTH (Month) Nov (Day) 6 (Year) 1869

AGE 41 YEARS 9 MONTHS 6 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) Michigan

NAME OF FATHER Lebute Grant

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER Anna Snyder

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION Day laborer  
Farm + Beddelling

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

(Informant) May Grant  
H 7th

(Address) H 7th

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH (Month) Aug (Day) 12 (Year) 1901

I HEREBY CERTIFY, That I attended deceased from April 1901, to Aug 12, 1901 that I saw him alive on Aug 11, 1901 and that death occurred, on the date stated above, at 4:30 AM

The CAUSE OF DEATH was as follows:  
Tuberculosis of lungs

Contributory..... (DURATION)..... DAYS

(Signed)..... M. D. Aug 12 1901 (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 Chester Co Cemetery DATE OF BURIAL Aug - 14 1901

UNDERTAKER R L Hammond ADDRESS H 7th

Filed Aug 14 1901 A TRUE COPY Ed Halliburton Registrar

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 Dis., 100 pages.

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