

PLACE OF DEATH

STATE OF MICHIGAN

County of Calum

Department of State—Division of Vital Statistics

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

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or  
Village of Vermontville

Registered No. 2

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 Asharl Gene Hawkins

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR White

DATE OF DEATH (Month) Feb (Day) 1 (Year) 1903

DATE OF BIRTH (Month) March (Day) 10 (Year) 1842

I HEREBY CERTIFY, That I attended deceased from Jan 7 1903, to Feb 1 1903, that I saw h. in alive on Jan 31 1903, and that death occurred, on the date stated above, at 3 P M.

AGE 72 YEARS 10 MONTHS 21 DAYS

The CAUSE OF DEATH was as follows:

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

Asthma  
General dropsy following cardiac dropsy by valvular disease and albumin (DURATION) \_\_\_\_\_ DAYS

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

Contributory \_\_\_\_\_ (DURATION) \_\_\_\_\_ DAYS

BIRTHPLACE (State or country) Mich

(Signed) Chas. P. Small M. D.  
Feb 3 1903 (Address) Vermontville

NAME OF FATHER Geo Hawkins

BIRTHPLACE OF FATHER (State or country) Vermont

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

MAIDEN NAME OF MOTHER Emily Mable

BIRTHPLACE OF MOTHER (State or country) Vermont

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

OCCUPATION Barber

PLACE OF BURIAL OR REMOVAL Woodlawn DATE OF BURIAL 2-3 1903

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

UNDERTAKER R L Hammond ADDRESS WVille

(Informant) Clyde Hawkins

Filed Feb 3 1903 A TRUE COPY C C Hallenbeck Registrar

(Address) WVille

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 bks., 100 pages.

Form 93—11-05-500 bks., 100 pages.