

PLACE OF DEATH

STATE OF MICHIGAN

County of Caton

Department of State—Division of Vital Statistics

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

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

[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 James H. Edmonds

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Feb. (Day) 18 (Year) 1854

AGE 59 YEARS, 3 MONTHS, 4 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

BIRTHPLACE (State or country) Schoenectady N.Y.

NAME OF FATHER James Edmonds

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER do.

BIRTHPLACE OF MOTHER (State or country) do.

OCCUPATION Painter

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

(Informant) E. F. Edmonds

(Address) Vermontville, Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) May (Day) 22 (Year) 1903

I HEREBY CERTIFY, That I attended deceased from Oct 1902, to May 22 1903, that I saw him alive on May 22 1903, and that death occurred, on the date stated above, at 10:10AM.

The CAUSE OF DEATH was as follows: Uremic Poisoning

Contributory Cystitis & Pyelitis (DURATION) \_\_\_\_\_ DAYS (Signed) C. L. D. McLaughlin M. D. (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 May 24 1903

UNDERTAKER R. C. Hammond ADDRESS Vermontville

Filed May 22 1903 A TRUE COPY L. L. Hiar Registrar

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 hrs., 100 pages.