

PLACE OF DEATH

STATE OF MICHIGAN

County of Eaton

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or

Village of VermontvilleRegistered No. 5

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 Frank Babcock

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>Male</u>	COLOR	<u>White</u>
DATE OF BIRTH	(Month) <u>Aug</u>	(Day) <u>21</u>	(Year) <u>1845</u>
AGE	<u>67</u> YEARS <u>8</u> MONTHS <u>13</u> DAYS		
SINGLE, MARRIED, WIDOWED, OR DIVORCED	<u>Married</u>		
AGE AT MARRIAGE, NUMBER OF CHILDREN	If married, age at (first) marriage.....years Parent of.....children, of whom.....are living		
BIRTHPLACE (State or country)	<u>Michigan</u>		
NAME OF FATHER	<u>Benjamin B. Babcock</u>		
BIRTHPLACE OF FATHER (State or country)	<u>York State</u>		
MAIDEN NAME OF MOTHER	<u>Mary Gridley</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>Mich.</u>		
OCCUPATION	<u>Farmer</u>		
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant)	<u>William Jordan</u>		
(Address)	<u>Charlotte, Mich.</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>May</u>	(Day) <u>3</u>	(Year) <u>1903</u>
I HEREBY CERTIFY, That I attended deceased from <u>March</u> 19 <u>02</u> , to <u>May</u> <u>3</u> , 19 <u>03</u> , that I saw him alive on <u>May</u> <u>1</u> , 19 <u>03</u> , and that death occurred, on the date stated above, at <u>6 A.M.</u>			
The CAUSE OF DEATH was as follows: <u>Chronic Brights disease</u>			
(DURATION) <u>3 yrs</u> DAYS			
Contributory			
(DURATION) DAYS			
(Signed) <u>J. D. McEchran</u> M. D. <u>May 3 1903</u> (Address) <u>Vermontville</u>			
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	DATE OF BURIAL		
<u>Kalamazoo Cemetery</u>	<u>May 5 1903</u>		
UNDERTAKER	ADDRESS		
<u>R. L. Hammond</u>	<u>Vermontville</u>		
Filed	A TRUE COPY		
<u>May 5 1903</u>	<u>C. L. Hild</u> Clerk Registrar		

MARGIN RESERVED FOR BINDING.

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

Form 93—11-05-500 bks., 100 pages.

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