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Form 93-11-05-500 bks., 100 pages.

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

PLACE OF DEATH

County of Catawba

Township of

or Village of Vermontville

or City of

(No. St.; Ward)

FULL NAME Israel Dilley

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH, LOCAL REGISTER

Registered No. 2

[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.]

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR White

DATE OF BIRTH (Month) (Day) (Year) May 4 1897

AGE 26 YEARS, 4 MONTHS, 8 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) Ohio

NAME OF FATHER John Dilley

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Polly Holmes

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION None

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

(Informant) Albert J. Dilley

(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year) Sept 12 1903

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1903, to Sept 12, 1903, that I saw him alive on Sept 11, 1903, and that death occurred, on the date stated above, at 5:15 P.M.

The CAUSE OF DEATH was as follows: Cancer of stomach and cancer on neck

13 year (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) G. L. McLaughlin M. D. Sept 12 1903 (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 Vermontville F. M. S. DATE OF BURIAL Sept 14 1903

UNDERTAKER Chas Lentz ADDRESS Vermontville

Filed Sept 12 1903 A TRUE COPY Charles H. Lamb Registrar

Registrar

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