

PLACE OF DEATH

County of Calhoun  
 Township of Vermontville  
 or  
 Village of Vermontville  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

[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 Robert Franklin Tubbs

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>July</u> (Day) <u>1</u> (Year) <u>1849</u>	
AGE <u>64</u> YEARS, <u>6</u> MONTHS, <u>7</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>New York</u>	
NAME OF FATHER <u>Isaac Tubbs</u>	
BIRTHPLACE OF FATHER (State or country) <u>N. Y.</u>	
MAIDEN NAME OF MOTHER <u>Luana Goldsmith</u>	
BIRTHPLACE OF MOTHER (State or country) <u>N. Y.</u>	
OCCUPATION <u>Farmer</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>Mrs. E. Tubbs</u>	
(Address) <u>Vermontville</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>Jan</u> (Day) <u>8</u> (Year) <u>1904</u>	
I HEREBY CERTIFY, That I attended deceased from <u>Dec 25</u> 19 <u>03</u> , to <u>Jan 8</u> , 19 <u>04</u> , that I saw him alive on <u>Jan 5</u> , 19 <u>04</u> , and that death occurred, on the date stated above, at <u>5<sup>th</sup></u> M.	
The CAUSE OF DEATH was as follows: <u>Pneumonia</u>	
(DURATION) <u>8</u> DAYS	
Contributory _____ (DURATION) _____ DAYS	
(Signed) <u>J. D. McEachern</u> M. D. <u>Jan 9 1904</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 <u>Charlotte Ben.</u>	DATE OF BURIAL <u>1-10</u> 19 <u>04</u>
UNDERTAKER <u>Wm. L. Hammond</u>	ADDRESS <u>Vermontville</u>
Filed <u>Jan 9 1904</u>	A TRUE COPY <u>Chas H Lamb</u> Registrar

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

MARGIN RESERVED FOR BINDING.

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