

PLACE OF DEATH

STATE OF MICHIGAN

County of Colt
 Township of Vermontville
 or
 Village of 11
 or
 City of _____

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 7

[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 Edward Bob Boardman

(No. _____, St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|-----------------------|
| SEX <u>Male</u> | COLOR <u>White</u> |
| DATE OF BIRTH (Month) <u>Dec</u> (Day) <u>2</u> (Year) <u>1898</u> | |
| AGE <u>65</u> YEARS <u>5</u> MONTHS <u>26</u> DAYS | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> | |
| AGE AT MARRIAGE, NUMBER OF CHILD-REN If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living | |
| BIRTHPLACE (State or country) <u>Vermont</u> | |
| NAME OF FATHER <u>Edwin Boardman</u> | |
| BIRTHPLACE OF FATHER (State or country) <u>Mass</u> | |
| MAIDEN NAME OF MOTHER <u>Wright Fuller</u> | |
| BIRTHPLACE OF MOTHER (State or country) <u>Vermont</u> | |
| OCCUPATION <u>Labr</u> | |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | |
| (Informant) <u>Mrs. Harlowe</u> | |
| (Address) <u>Joeran, Mead</u> | |

MEDICAL CERTIFICATE OF DEATH

| | |
|--|---|
| DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1964</u> | |
| I HEREBY CERTIFY, That I attended deceased from <u>Feb 22</u> 19 <u>64</u> , to <u>May 28</u> 19 <u>64</u> that I saw h <u>im</u> alive on <u>May 25</u> 19 <u>64</u> and that death occurred, on the date stated above, at _____ M. | |
| The CAUSE OF DEATH was as follows: <u>tuberculosis of throat</u> | |
| _____ (DURATION) _____ DAYS | |
| Contributory _____ (DURATION) _____ DAYS | |
| (Signed) <u>J. D. McEachern</u> M. D. <u>May 29</u> 19 <u>64</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>Woodlawn Cem</u> | DATE OF BURIAL <u>3 '20</u> 19 <u>64</u> |
| UNDERTAKER <u>Prof. L. Fennard</u> | ADDRESS <u>Vermontville</u> |
| Filed <u>May 29</u> 19 <u>64</u> A TRUE COPY | Registrar |

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-600 Dks., 100 pages

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