

PLACE OF DEATH

STATE OF MICHIGAN

County of Calhoun
 Township of Vermontville
 or
 Village of 1
 or
 City of _____ (No. _____ St.; _____ Ward)

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

[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 Orson Worden

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Dec 31 1853

AGE 60 YEARS 7 MONTHS 20 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED
married

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

BIRTHPLACE (State or country)
Kalamazoo, Mich

NAME OF FATHER
Olanson Worden

BIRTHPLACE OF FATHER (State or country)
Vermont

MAIDEN NAME OF MOTHER
Mary Townsend

BIRTHPLACE OF MOTHER (State or country)
Vermont

OCCUPATION
laborer

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

(Informant) Fred Worden
 (Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Aug 20 1904

I HEREBY CERTIFY, That I attended deceased from Aug 18 1904, to Aug 20 1904, that I saw him alive on Aug 20 1904, and that death occurred, on the date stated above, at 11:45 P. M.

The CAUSE OF DEATH was as follows:

chorea

(DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) L. L. H. McLaughlin M. D.
Aug 21 1904 (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 Aug 23 1904

UNDERTAKER By L. Hammond ADDRESS _____

Filed Aug 22 1904 A TRUE COPY Chas H Lamb Registrar

MARGIN RESERVED FOR BINDING.

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

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172