

## PLACE OF DEATH

County of Calhoun  
 Township of Vermontville  
 or  
 Village of "  
 or  
 City of .....

## 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 Moses Cross

PERSONAL AND STATISTICAL PARTICULARS			
SEX	<u>male</u>	COLOR	<u>White</u>
DATE OF BIRTH	(Month) <u>Aug</u>	(Day) <u>1</u>	(Year) <u>1891</u>
AGE	<u>23</u> YEARS, <u>6</u> MONTHS, <u>4</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>N. Y.</u>		
NAME OF FATHER	<u>Moses Cross</u>		
BIRTHPLACE OF FATHER (State or country)	<u>N. York</u>		
MAIDEN NAME OF MOTHER	<u>Melinda Cannon</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>N. York</u>		
OCCUPATION	<u>Carpenter</u>		
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant)	<u>Henry Cross</u>		
(Address)	<u>Vermontville</u>		

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>5</u>	(Year) <u>1905</u>
I HEREBY CERTIFY, That I attended deceased from <u>Jan 31</u> 19 <u>05</u> , to <u>Feb 5</u> 19 <u>05</u> , that I saw him alive on <u>Feb 5</u> 19 <u>05</u> , and that death occurred, on the date stated above, at <u>Ed. M.</u>			
The CAUSE OF DEATH was as follows: <u>acute hepatitis</u>			
(DURATION) <u>5</u> DAYS			
Contributory .....			
(DURATION) .....			
(Signed)	<u>G. L. D. McLaughlin</u>		M. D.
<u>Feb 5 1905</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? .....		
Where was disease contracted, if not at place of death? .....			
PLACE OF BURIAL OR REMOVAL	<u>Woodlawn</u>		DATE OF BURIAL <u>Feb 8</u> 19 <u>05</u>
UNDERTAKER	<u>V. W. Pendell</u>		ADDRESS <u>Vermontville</u>
Filed	<u>Feb 6 1905</u>		A TRUE COPY <u>L. H. Lamb</u> Registrar

MARKIN RECEIVED INK—THIS IS A PERMANENT RECORD.