

1 PLACE OF DEATH
 County Caton
 Township Vermontville
 Village Vermontville
 City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 3

2 FULL NAME Stephen Bowser

(a) Residence No. _____ St., Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Sarah J Bowser

6 DATE OF BIRTH (Month, day and year)

7 AGE Years Months Days If LESS than 1 day hrs. OR m.n.
85 10 28

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Ohio

PARENTS

10 NAME OF FATHER Daniel Bowser

11 BIRTHPLACE OF FATHER (city or town) (state or country) unknown

12 MAIDEN NAME OF MOTHER Polly Bruce

13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Hannah Boyles
 (Address) Vermontville Mich

15 Filed Mar 20, 1924 J. H. Park Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3 / 18 1924

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1921, to March 6, 1924, that I last saw him alive on Mar 6, 1924, and that death occurred on the date stated above at 1:50 m.

The CAUSE OF DEATH* was as follows:
Cerebral Softening

(duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY Thromboses + age
 (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? General Condition
 (Signed) C. S. Snell M. D.
Mar 20, 1924. Address Vermontville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial
Baptist Cemetery 3/20 1924

20 UNDERTAKER Address
D. C. Hess Vermontville

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.