

MARGIN RESERVED FOR BINDING

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

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

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics
 TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

2 FULL NAME Edwin Taylor
 (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) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Harriet B. Taylor

6 DATE OF BIRTH (Month, day and year) _____

7 AGE Years 86 Months 8 Days 22 If LESS than 1 day _____ hrs. OR _____ min.

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) Mich

10 NAME OF FATHER Vanmeter Taylor

11 BIRTHPLACE OF FATHER (city or town) (state or country) Utica N. York

12 MAIDEN NAME OF MOTHER May Deering

13 BIRTHPLACE OF MOTHER (city or town) (state or country) N. York State

14 Informant Mrs. Elva Moss
 (Address) _____

15 Filled 2/25, 1927 by H. H. Taylor
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 2/26 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1927, to Feb 25, 1927 that I last saw him alive on Feb 25, 1927 and that death occurred on the date stated above at 6:30 p.m.
 The CAUSE OF DEATH* was as follows:
Cerebral apoplexy

 _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____
 (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
 If not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? No

What test confirmed diagnosis? _____
 (Signed) B. S. Snell M. D.
Feb 27, 19 27, 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 Woodlawn Date of Burial 2/28 1927
 Address _____

2 UNDERTAKER H. H. Ness Address Vermontville