

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH
 County.....
 Township Vermontville
 Village.....
 City.....
 (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

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

Registered No. 4

2 FULL NAME William Henry Ramsen

(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 Helbe Ramsen (or) WIFE of

6 DATE OF BIRTH (Month, day and year) 1 / 27 1924

7 AGE Years 88 Months 2 Days _____ If LESS than 1 day.....hrs. OR.....min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work laborer
 (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) Michigan

10 NAME OF FATHER Phelps Ramsen

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

12 MAIDEN NAME OF MOTHER unknown

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

14 Informant Helbe Ramsen
 (Address) Vermontville, Mich

15 Filled 2/31, 1924 by B. B. Ford
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/27 1924

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1924, to 3/27, 1924 that I last saw him alive on March 26, 1924 and that death occurred on the date stated above at 12 m.
 The CAUSE OF DEATH* was as follows:
Renal Dropsy
 (duration) 1 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?..... Date of.....
 Was there an autopsy?.....
 What test confirmed diagnosis?.....
 (Signed) B. L. D. McLaughlin M. D.
3/29, 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
Freemans Cemetery 3/31 1924

2 UNDERTAKER Address
B. B. Ford Vermontville