

I PLACE OF DEATH
 County Calvin
 Township Vermontville
 Village Vermontville
 City

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

2 FULL NAME George J. Lamb

(a) Residence No. St., Ward
 (Usual place of abode) (If non-resident give city or town and state)
 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 <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Widowed</u>		
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Mary A. Lamb</u>				
6 DATE OF BIRTH (Month, day and year) <u>2 / 18 1897</u>				
7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. OR.....min.
	<u>77</u>	<u>4</u>	<u>17</u>	

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work merchant
 (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) Lansing Mich
 10 NAME OF FATHER John Lamb
 11 BIRTHPLACE OF FATHER (city or town) (state or country) unknown
 12 MAIDEN NAME OF MOTHER Vesta Procter
 13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Informant Charlie Lamb
 (Address) Vermontville Mich
 15 Filled 7/8, 1924 G. H. Lamb
 Registrar.

16 DATE OF DEATH (Month, day and year) July 5 1924
 17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1924, to June 29, 1924, that I last saw him alive on June 29, 1924, and that death occurred on the date stated above at 6:30 P m.
 The CAUSE OF DEATH* was as follows:
Cancer of bladder and prostate

(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? general condition
 (Signed) B. S. Snell M. D.
July 7, 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 Woodlawn Date of Burial 7/8 1924
 2 UNDERTAKER W. H. Hear Address Vermontville

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

discovery