

MARGIN RESERVED FOR BINDING

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

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

2 FULL NAME Henry James Martin

(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.

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

Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

3 SEX mal 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 Martha Martin

6 DATE OF BIRTH (Month, day and year) Jan 6 1897

7 AGE Years 87 Months 6 Days 1 If LESS than 1 day _____ hrs. OR _____ min.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jul 7 1924

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1924, to Jul 6, 1924 that I last saw him alive on Jul 6, 1924 and that death occurred on the date stated above at 8:35 P m.

The CAUSE OF DEATH* was as follows:
Senile

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.

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. S. Snell M. D.
Jul 9, 1924, Address Vermontville

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

PARENTS

10 NAME OF FATHER Walter A. Martin

11 BIRTHPLACE OF FATHER (city or town) (state or country) Hoosier Falls, N.Y.

12 MAIDEN NAME OF MOTHER Esther Robinson

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Birmingham, N.Y.

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*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.

14 Informant Miss Jennie Martin
 (Address) Vermontville

15 Filed 7/9, 1924 B. H. Law Registrar.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Vermontville, Vermont Date of Burial 7/10 1924

2 UNDERTAKER B. D. Hess Address Vermontville