

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH		MICHIGAN DEPARTMENT OF HEALTH	
County <u>Calhoun</u>		Division of Vital Statistics	
Township <u>Vermontville</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village <u>"</u>		Registered No. <u>10</u>	
City <u>"</u>		(No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>William Henry Benedict</u>			
(a) Residence No. <u>"</u>		St., Ward. <u>"</u>	
(Usual place of abode)		(If non-resident give city or town and state)	
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?	
yrs. mos. ds.		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 Color or Race <u>White</u>	16 DATE OF DEATH (Month, day and year) <u>Aug 15 1924</u>	
5 Single, Married, Widowed or Divorced (Write the word) <u>Widowed</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 12</u> , 1924, to <u>Aug 15</u> , 1924	
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Joseph Edward Benedict</u>		that I last saw him alive on <u>Aug 14</u> , 1924 and that death occurred on the date stated above at <u>2 a.m.</u>	
6 DATE OF BIRTH (Month, day and year) <u>6 / 25 / 1835</u>		The CAUSE OF DEATH* was as follows: <u>Fracture of Left Femur and fallow shot</u>	
7 AGE	Years <u>89</u>	Months <u>1</u>	Days <u>20</u>
	If LESS than 1 day.....hrs. OR.....min.		
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Merchant</u>			
(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) <u>New York</u>			
10 NAME OF FATHER <u>Unaher Benedict</u>			
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>N. York</u>			
12 MAIDEN NAME OF MOTHER <u>Anna Benedict</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>unham</u>			
14 Informant <u>May Bell Scarnell</u>		19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Vermontville</u>	
(Address) <u>Sumville, Mich.</u>		Date of Burial <u>8/17 1924</u>	
15 Filed <u>8/18</u> , 1924 <u>B. N. Land</u> Registrar.		2 UNDERTAKER <u>D. D. Hess</u>	
		Address <u>Vermontville</u>	