

MARGIN RESERVED FOR BINDING

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

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

Registered No. 16

2 FULL NAME Arthur Marshall Griffith

(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 Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Margaret Mable Griffith

6 DATE OF BIRTH (Month, day and year) 2 / 18 / 1854

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.  
70 7 26

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Business man  
 (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) Spring Pt Mich.

10 NAME OF FATHER Marshall Griffith

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

12 MAIDEN NAME OF MOTHER Elizabeth Benson

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

14 Informant Herbert Arthur Griffith  
 (Address) Vermontville, Mich

15 Filled 10/18, 1924 G. H. Lamb  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 14 1924

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1924, to Oct 14, 1924

that I last saw h..... alive on....., 19..... and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH\* was as follows:  
Shock following hemorrhage  
mesenteric artery on  
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?..... Date of.....

Was there an autopsy? Yes

What test confirmed diagnosis?.....

(Signed) G. L. De M. Lippin M. D.  
10/16, 1924. Address Vermontville Mich

\*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 Griffith Cemetery Jackson Mich Date of Burial 10/17 1924

2 UNDERTAKER R. D. Mass Address Vermontville