

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 24

BIRTH No. _____

MARGIN RESERVED FOR BINDING
TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Manistee</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mich.</u> b. COUNTY <u>Manistee</u>	
b. CITY OR VILLAGE <u>Rural Manistee</u>		c. TOWNSHIP, CITY OR VILLAGE <u>Copenish</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conv. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Copenish</u>	
3. NAME OF DECEASED (Type or Print) <u>George</u> (First) <u>Gardner</u> (Middle) <u>Gardner</u> (Last)		4. DATE OF DEATH <u>Aug. 21 - 1951</u> (Month) (Day) (Year)	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>July 24 - 1871</u>
9. AGE (24 years last birthday) <u>80</u>		10. If under 1 Year: Months <u>-</u> Days <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>James Gardner</u>		14. MOTHER'S MAIDEN NAME <u>Vera</u>	
15. NAME OF HUSBAND OR WIFE OF DECEASED _____		16. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
17. SOCIAL SECURITY NO. _____		18. INFORMANT'S SIGNATURE <u>Dept. of Social Welfare</u> ADDRESS <u>Manistee</u>	
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Thrombosis</u> ANCECEDENT CAUSES <u>Senility</u> Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19d. DATE OF OPERATION _____		19e. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		21a. ACCIDENT (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2309</u> _____, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Clarence Berg (Coroner)</u>		23b. ADDRESS <u>412 First St Manistee</u>	
23c. DATE SIGNED <u>8-22-51</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 23</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clean</u>	
24d. LOCATION (City, village, twp., or county) (State) <u>Clean Twp Manistee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Evelyn Edmondson</u> ADDRESS <u>C. H. Terwilliger</u>	
DATE REC'D BY LOCAL REG. <u>8-22-51</u>		REGISTRAR'S SIGNATURE _____	

B-36

State of Michigan,
County of Manistee

I, MARILYN KLIBER, Clerk of the Circuit Court of said County of Manistee do hereby certify that the above and foregoing is a true and correct transcript of
CERTIFICATE OF DEATH

compared by me with the document now on record in the office of the Clerk of said County and Court, and of the whole of said original record.

In Testimony Whereof, I have hereunto set my hand and official seal at the City of Manistee, in said county, this 4th day of October, 1999

Marilyn Kliber Co. Clerk