

## STATE OF MICHIGAN

Department of State, Division of Vital Statistics

TOWNSHIP OF

Township of *Royalton*

## CERTIFICATE OF DEATH

Village of

City of

MAR 5 '18

St. Ward

FULL NAME *James R Taylor*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*DATE OF BIRTH (Month) (Day) (Year)  
*Apr 29 1877*AGE *41* years, *9* months, *18* daysSINGLE, MARRIED, WIDOWED, OR DIVORCED  
*Married*RANK AT MARRIAGE, NUMBER OF CHILDREN  
(If married, age at first marriage) years  
Period of children, of whom livingBIRTHPLACE (State or country)  
*Oakland Co*NAME OF FATHER  
*Wm Taylor*BIRTHPLACE OF FATHER (State or country)  
*Pennsylvania*Maiden Name of Mother  
*Kathrine Perkins*BIRTHPLACE OF MOTHER (State or country)  
*Michigan*OCCUPATION  
*Farmer*

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Deponent  
*Mrs Ella Taylor*(Address) *Grand Lodge*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
*Feb 8 1918*I HEREBY CERTIFY, That I attended deceased from *Jan 25*, 1918, to *Feb 8*, 1918, that I last saw him/her, alive on *Feb 5*, 1918, and that death occurred, on the date stated above, at \_\_\_\_\_, Mich.  
The CAUSE OF DEATH was as follows:*Heart Disease*

Contributory \_\_\_\_\_ (Occupation) \_\_\_\_\_

(Signed) *S. M. Paine* M. D.  
*2-4* 1918 (Address) *Grand Lodge*SPECIAL INSTRUCTIONS only for Hospitals, Institutions, Prisons or Naval Hospitals:  
Form or usual residence \_\_\_\_\_ sex, age at \_\_\_\_\_ place of death? \_\_\_\_\_  
Where was corpse contacted, if not at place of death? \_\_\_\_\_PLACE OF BURIAL OR REMOVAL  
*Meadow Brook Cem* DATE OF BURIAL  
*Feb 12 1918*REGISTRAR  
*Ed Halland* *Mulliken*Filed *Feb 12 1918* *Bert Mattice* Registrar