

PLACE OF DEATH

STATE OF MICHIGAN

Department of Health

CERTIFICATE OF DEATH

Registered No.

Ward

SEX & NAME

Roch F. Bailey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

* SEX *Male*
 * COLOR OR RACE *White*
 * MARRIAGE, MARRIED, WIDOWED, OR DIVORCED (Write last word) *Widow*

* DATE OF DEATH *Nov 4 1920*
 (Month) (Day) (Year)

* DATE OF BIRTH *April 5 1845*
 (Month) (Day) (Year)

" I HEREBY CERTIFY, That I attended deceased from *Sept 1, 1920*, to *Nov 4, 1920*, that I last saw him alive on *Nov 4, 1920*, and I first death occurred on the date stated above, and

* AGE *75* *6* *29*
 (Years) (Months) (Days)

* CAUSE OF DEATH was as follows:

* OCCUPATION
 (a) Trade, profession or particular kind of work *Farmer*
 (b) General nature of industry, business or establishment in which employed (or employer)

*Arteriosclerosis
 Chronic Valvular Heart Disease*

* BIRTHPLACE (State or country) *Canada, Quebec*

(District) (City) (Town)

* NAME OF FATHER *Elisha Bailey*

County (State or Territory) *W. Michigan*

* BIRTHPLACE OF FATHER (State or country) *New York State*

City (State or Territory) *Michigan*

* MARRIAGE OF FATHER *Elizabeth Hitchcock*

City (State or Territory) and the nearest Anatomical Laboratory or Hospital

* BIRTHPLACE OF MOTHER *Conn.*

* LENGTH OF TIME (Specify symptoms) (Specify treatment or other particulars)

* THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Attest: (Signature) (Address)

Miss Sarah Pruitt

* PLACE OF BURIAL OR REMOVAL *Recreation Mem.*

Pittsford Mich

DATE OF BURIAL *Nov 7 1920*

Nov. 9 1920 H. J. Preece

* SIGNATURE OF REGISTRAR *Leo J. Preece*

Rochester

* SIGNATURE OF PHYSICIAN *Pittsford Mich*