

CERTIFICATE OF DEATH

MAY 8 1920

Registered No. 12

Village _____

City _____

(No. Courthouse St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Bowersox

(a) Residence No. Hillsdale City 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. 7 Ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (WRITE the word) divorced

6a If married, widowed, or divorced (or) WIFE of Do not know

7 DATE OF BIRTH (Month, day and year) June 7-1865

8 AGE Years 54 Months 10 Days 1 If LESS than 1 day, hrs. OR min.

9 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Day laborer (b) General nature of industry, business, or establishment in which employed (or employee) (c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Reuss.

11 NAME OF FATHER Geo. B. Bowersox

12 BIRTHPLACE OF FATHER (city or town) (State or country) Reuss.

13 NAME OF MOTHER Dinah Carr

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Reuss.

15 Informant J. H. Miner

(Address) Hillsdale, Mich.

16 Date April 30 1920 Signature J. H. Miner

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (Month, day and year) Apr 8 1920

19 I HEREBY CERTIFY, That I attended deceased from April 4, 1920 to April 8, 1920

that I last saw name alive April 7, 1920 and

that death occurred on the date stated above and at _____

The CAUSE OF DEATH was as follows: Cerebrovascular

113
(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) H. T. Stuller M. D.

Office Hillsdale, 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. (See reverse side for further instructions.)

18. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ Date of burial _____

19. UNDERTAKER J. H. Miner Address Hillsdale, Mich.

WAYNE CLAIMING, WITH UNPAID DUES—THIS IS A PERMANENT RECORD.