

## STATE OF MICHIGAN

Department of Health - Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1. This certificate is a duplicate of the original, give to NEXT OF KIN

2. FULL NAME Henry Caskey

3. SEX Male 4. Color or Race White 5. High School School or Degree (over the world) Widowed

## PERSONAL AND STATISTICAL PARTICULARS

6. SEX Male 4. Color or Race White 5. High School School or Degree (over the world) Widowed

7. MARRIED, DIVORCED, OR SEPARATED  
Widowed of Mary E. Caskey

8. DATE OF BIRTH Oct. 20, 1883

9. AGE Year 85 Months 5 Days 20

## 10. OCCUPATION OF DECEASED

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Farmer  
Retired 19yr.

11. RESIDENCE (city or town) New York

12. NAME OF FATHER Henry Caskey

13. BIRTHPLACE OF FATHER (city or town) New York

14. MOTHER'S NAME Mary England

15. BIRTHPLACE OF MOTHER (city or town) New York

16. INTERMENT Ralph Caskey  
Hillside, Mich. R.F.D.

17. DATE OF INTERMENT Jan 27, 1920 R. R. Campbell

18. DATE OF DEATH Jan. 27, 1920

19. I HEREBY CERTIFY THAT I checked reported from  
Jan 27, 1920  
that death occurred on the 27th of Jan 1920

20. CAUSE OF DEATH\* was as follows:  
Natural Heart Disease

21. WHERE WAS DEATH CERTIFIED  
79

22. WHERE WAS DEATH CERTIFIED  
IF NOT AT PLACE OF DEATH

23. DID AN OPERATOR PRECEED DEATH? No

24. WAS THERE AN AUTOPSY? No

25. WHAT WAS CONFIRMED DEATH? Physian

26. SIGNATURE OF PHYSICIAN R. R. Campbell

27. SIGNATURE OF REGISTRAR R. R. Campbell

28. PLACE OF BURIAL, CREMATION, OR REMOVAL

29. ADDRESS North Adams Cemetery

30. UNDERTAKER H. S. Young & Son

31. ADDRESS No. Adams.

32. DATE OF BURIAL 1/28/1920