

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 541

SEP 7 1928

St. 1 Ward 1Village St. ClairCity St. Clair(No. 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Deloy Cornish(a) Residence No. 1

(Usual place of abode.)

St. 1 Ward 1Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds.How long in U. S. if of foreign birth 7 yrs. 0 mos. 0 ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male4 Color or Race White5 Single, Married, Widowed or Divorced (write the word.) Married16 DATE OF DEATH Aug 19

(Month, day and year)

19286a Is decedent (a) husband or (b) wife of William M. WhitcombHUSBAND or (or) WIFE of William M. Whitcomb7 DATE OF BIRTH June 1

(Month, day and year.)

1858

7 AGE

Years 62Months 2Days 158 LESS than 1 day no OR yes17 I HEREBY CERTIFY, that I attended deceased from 10:25 on Aug 19 1928that I last saw him alive on Aug 18 1928 and that death occurred on the date stated above at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (if employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia(State or country) Penn.10 NAME OF FATHER George Cornish11 BIRTHPLACE OF FATHER (city or town) Ohio

(State or country)

12 MAIDEN NAME OF MOTHER Mary Jones13 PLACE OF BIRTH (city or town) Ohio

(State or country)

14 Informant William M. Cornish(Age) 2815 Filed Sept 2, 1928Signature W. M. Cornish

CONTRIBUTORY (Secondary)

(duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis?

(Sign) H. J. HughesAug 191928

*State the DISEASE CAUSE DEATH, or in death from Venereal Disease, state the venereal disease and whether the disease was of venereal origin, or of other origin. See form for further instructions.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL ReverendDate of Burial Aug 2020 UNDERTAKER KayserAddress Camden