

**STATE OF MICHIGAN**  
Department of State—Division of Vital Statistics

**CERTIFICATE OF DEATH**

County of Hillsdale  
Township of Parisville  
Village of \_\_\_\_\_  
City of \_\_\_\_\_

MAY 8 1920

Registered No. \_\_\_\_\_

If death occurred in hospital or institution give its name (insert in street and number)

**FULL NAME** H. A. Davis

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** Male    **COLOR OR RACE** White    **SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
(Write the word)

**DATE OF BIRTH** DEC 20, 1854  
(Month) (Day) (Year)

**AGE** 63 yrs. 3 mos. 10 ds.    If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

**OCCUPATION**  
(1) Trade, profession or particular kind of work: Farmer  
(2) General nature of industry, business or establishment in which employed (or employer): \_\_\_\_\_

**RESIDENCE** (State or territory) Michigan

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** April 1, 1920  
(Month) (Day) (Year)

**I HEREBY CERTIFY**, That I attended deceased from March 31, 1920 until April 1, 1920 that I last saw him alive on April 1, 1920 and that death occurred, on the date stated above, at 99 \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:

Apoplexy.  
64

Country (foreign) \_\_\_\_\_ (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. C. Miller, M.D.  
April 1, 1920 (Address) Hillsdale

\*State the Disease Causing Death, or its death from Venereal Disease, state (1) Manner of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

**LENGTH OF RESIDENCE** (FOR HOSPITALS, INSTITUTIONS, TRAVELERS' CASUALTIES)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.    In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was death contracted? \_\_\_\_\_  
If not at place of death? \_\_\_\_\_  
Farmer or usual residence \_\_\_\_\_

**PLACE OF BURIAL OR REMOVAL** Wakarusa    **DATE OF BURIAL** April 3, 1920

**UNDERTAKER** E. S. Knapp    **ADDRESS** Hillsdale

**PARENTS**  
**NAME OF FATHER** Richard Davis

**RESIDENCE OF FATHER** (State or territory) New York

**MATRILINEAL NAME OF MOTHER** Eleanor Davis

**RESIDENCE OF MOTHER** (State or territory) New York

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Signature) Miss Idellie Davis

(Address) Hillsdale R. B. 204

Filed Apr 2, 1920 at Hillsdale REGISTRAR