

MAIN CITY RECEIVED - THIS IS A PERMANENT RECORD - WHEN PLAINLY WITH OUTFACING LIFE - THIS IS A PERMANENT RECORD

1. PLACE OF DEATH

STATE OF MICHIGAN

CERTIFICATE OF DEATH

Registered No. _____

City Trinidad (No. 7)
 (If death occurred in a hospital or institution, give its NAME instead of City and number.)

2. FULL NAME Henry A. Kiskela
 (a) Residence No. 2126 W. Trimmountain 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 2 yrs. mos. da. How long in U. S., if of foreign birth 30 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX Male 4. Color or Race White 3. Single, Married, Widowed or Divorced Married

16. DAYS OF DEATH (Month, day and year) Feb 4 1920

2. If married, widowed, or divorced HUSBAND or (or) WIFE of Christina Kiskela

I HEREBY CERTIFY, that I attended deceased from Jan 5 1920 to Feb 4 1920 and I had my residence on Jan 31 1920 that death occurred on the date stated above at 4:30 P.M.

3. DATE OF BIRTH Feb 28 1853

THE CAUSE OF DEATH Complete heart block

AGE	Years	Months	Days	IS LESS THAN
	<u>66</u>			1 day, hrs. or min.

4. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Section hand
 (b) General nature of industry, business, or establishment in which employed, (or employer)
 (c) Name of employer Co. Hill Road R.R.

(Duration) hrs. 3
 (Duration) _____ yrs. _____ mos. _____ da.
 If not at place of death?

5. BIRTHPLACE (city or town) (State or country) Finland

10. NAME OF FATHER Math Kiskela

11. BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12. MAIDEN NAME OF MOTHER Kate Suanta

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

17. PLACE OF BURIAL, CREMATION, OR REMOVAL Small Range
 18. EMPLOYER Joseph Collins
 19. Informant Jacob Kiskela
 (Address) 2126 W. Trimmountain
 Date Feb 7 1920 Address Trinidad
 (See reverse side for further instructions.)

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