

CERTIFICATE OF DEATH

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

1. PLACE OF DEATH  
County Hillsdale  
Township Cambria  
Village \_\_\_\_\_  
City \_\_\_\_\_

(No. County House St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FEB 5 1920

2. FULL NAME Richard W Farmer  
(a) Residence No. Wheatland Twp Mich 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. 26

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed or divorced WIDOWED of \_\_\_\_\_ (or) WIFE of (unknown)

7 DATE OF BIRTH Mar-19-1845  
(Month, day and year)

8 AGE Years 74 Months 9 Days 28 If LESS than 1 day, hrs. \_\_\_\_\_ OR min. \_\_\_\_\_

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

10 BIRTHPLACE (city or town) Wheatland Twp  
(State or country) Michigan

11 NAME OF FATHER Barclay Farmer

12 BIRTHPLACE OF FATHER (city or town) New York  
(State or country)

13 MARY: NAME OF MOTHER Mary Ann Pease

14 BIRTHPLACE OF MOTHER (city or town) Michigan  
(State or country)

15 Informant J. H. Miner  
(Address) Hillsdale, Mich

16 Filed Jan 11 1920 J. H. Miner Registrar.

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (Month, day and year) Jan 16 1920

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1919 to Jan 16 1920  
that I last saw him alive on Jan 14 1920 and that death occurred on the date stated above at 2 30 p.

The CAUSE OF DEATH\* was as follows:  
Valvular Disease of Heart

(duration) 10 yrs  
CONTRIBUTORY nephritis chronic  
(Secondary)

18 Where was disease contracted  
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. C. Miller M. D.

Jan 7 1920 Address Hillsdale Mich  
\*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ Date of Burial \_\_\_\_\_

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

WRITE PLAINLY, WITH UPWARD LINE—THIS IS A PERMANENT RECORD.