

County Hillsdale
 Township Ambly
 Village _____

CERTIFICATE OF DEATH

Registered No. _____

City _____
 2 FULL NAME Lee B. Ferrall

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

(a) Residence No. _____ St., Ward _____
 (Usual place of abode.)
 Length of residence in city or town where death occurred yrs. 2 mos. 26 ds. How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
 4 Color or Race White
 5 Single, Married, Widowed or Divorced (write the word.) Single

6a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6 DATE OF BIRTH Oct 3rd, 20

7 AGE Years Months Days
2 26
 8 LESS than 1 day _____ yrs. OR min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Status of employer

9 BIRTHPLACE (city or town) Mich, Ambly
 (State or country)

10 NAME OF FATHER Nathan Ferrall

11 NAME OF FATHER (city or town) Mich
 (State or country)

12 MAIDEN NAME OF MOTHER Mable Chamberlain

13 BIRTHPLACE OF MOTHER (city or town) Mich
 (State or country)

14 Informant Hannah Ferrall
 (Address) Rd. Waldron

15 Filed Dec 29, 1920 J. M. S. ...
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 29 1920
 (Month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1920, to Dec 29 1920

that I last saw him alive on Nov 10 1920 and that death occurred on the date stated above at 5 A. m.

The CAUSE OF DEATH* was as follows:

Marasmus or Malnutrition

(duration) yrs. 2 mos. 10 ds.
 CONTRIBUTORY Escherichia coli
 (duration) yrs. mos. ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
 (Sign) Jose M Barnes M. D.
Dec 29, 1920 Waldron

*State the Disease Cause Death, or in death from Venereal Cause, state (1) Nature and Nature of Inoculation, and (2) whether Accidental, Syphilis, or Gonorrhea. See reverse side for further instructions.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Ambly Mich Date of Burial Dec 30, 1920

20 SIGNATURE W. H. Waldron Address _____