

## PLACE OF DEATH

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Hillsdale

## CERTIFICATE OF DEATH

Municipality Allen, Mich

FEB 5 1920

Registered No. 7City Allen, Mich

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

2 FULL NAME Edmund M. Fuller(a) Residence No. St. Ward. (If none, give city or town and State.)  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of 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.) Widowed6a If married, widowed, or divorced  
HUSBAND of Aphrona Fuller  
or WIFE of Aphrona Fuller7 DATE OF BIRTH (Month, day and year.) July 10 - 18328 AGE Years 87 Months 6 Days 16 9 LESS than 1 day. hr. OR min.

## 10 OCCUPATION OF DECEASED

(1) Trade, profession, or particular kind of work. Farmer

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

(3) Name of employer

11 BIRTHPLACE (city or town) N.Y. State  
(State or country)12 NAME OF FATHER Reuben Fuller13 BIRTHPLACE OF FATHER (city or town) N.Y. State  
(State or country)14 MAIDEN NAME OF MOTHER Sarah Filer15 BIRTHPLACE OF MOTHER (city or town) N.Y. State  
(State or country)16 Informant Mr. J. H. Terry  
(Address) Allen, Mich17 Date Jan 30, 1920 18 Age at death 97 19 Sex Male

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan 26 192017 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1920, to Jan 23, 1920that I last saw deceased on Jan 23, 1920that death occurred on the date stated above at 6 P.M.

The CAUSE OF DEATH\* was as follows:

Valvular heart disease(duration) 79 yrs. mos. ds.

## 18 CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

19 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) C. E. Hinder M. D.M. D. Allen

\*While the Disease Causes Death, or is Death from Venous Causes, state (1) Cause and Location of Lesion, and (2) whether Anemia, Stenosis, or Stenosis. See reverse side for further instructions.

20 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

North Adams Jan 29 192021 UNDERTAKER Carroll C. Ford 22 Address Allen, Mich