

PLACE OF DEATH

County of

Hillsdale
Jefferson

Township of

Village of

City of

(No.)

St.

Ward)

FULL NAME

Floyd German

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

MAR 5 1910

Registered No. 12

(If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Feb 28 1910AGE
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN? (If married, age at first marriage years
First of children, of whom are living

BIRTHPLACE (State or country) Jefferson Mich

NAME OF FATHER Alfred A. German

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Minnie B. Coppins

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Alfred A. German

(Address)

Hillsdale Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Feb 28 1910I HEREBY CERTIFY, That I attended deceased from _____, 190____, to _____, 190____,
that I last saw him alive on _____, 190____,
and that death occurred, on the date stated above, at _____, Mich.

The CAUSE OF DEATH was as follows:

Diphtheria

Contributory Malnutrition

Signed: Dr. J. H. Baker M. D.

Physician (Address) Hillsdale Mich

SPECIAL EXPLANATION only for Hospital, Institution, Transient or Naval Residence:

Nature of special residence: _____ How long at place of death: _____ Days

Where any disease contracted, if not at place of death:

PLACE OF BURIAL OR REMOVAL

Home

DATE OF BURIAL

Feb 28 1910

UNDERTAKER

None

ADDRESS

Filed

Mich 1 1910

D. C. Phillips Registrar