

CERTIFICATE OF DEATH

DEC 6 - 1920

429

Registered No. 92

2nd Ward

2. PLACE OF DEATH
County Hillsdale
Township _____
Village _____

City Hillsdale (No. _____ St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

3. FULL NAME James Hastings
(a) Residence No. 72 Railroad 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. An. How long in U. S. if of foreign birth? yrs. mos. dn.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX male
2 Color or Race white
3 Style, Married, Widowed or Divorced (WRITE THE WORD) widower
4a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of Mrs. Eunice Hastings
5 DATE OF BIRTH (Month, day and year.) Oct 6 - 1836
6 AGE Years Months Days IF LESS than 1 day, hrs. OR min. 84 1 1

16 DATE OF DEATH (Month, day and year) Nov 7 1920

17 I HEREBY CERTIFY, That I attended deceased from 10-1-20 until Nov 7 - 20
and I last saw him alive on Nov 7 1920 and that death occurred on the date stated above at 6 P.M.
The CAUSE OF DEATH* was as follows:

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

Met. Insufficiency
(duration) _____ yrs. _____ mos. _____ dn.

9 BIRTHPLACE (city or town) (State or country) Ohio
10 NAME OF FATHER (Unknown)

CONTRIBUTORY (Secondary) Right Drain
(duration) _____ yrs. _____ mos. _____ dn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) _____
12 MAILED OR NO. _____
13 BIRTHPLACE OF MOTHER (city or town) (State or country) _____

12 Where was disease contracted? _____
If not at place of death? _____
13 Did an operation precede death? _____ Date of _____
What last confirmed diagnosis? _____

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

(Signed) E. S. Masten
Nov 7, 1920, Address Hillsdale
*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) ORIGIN and NATURE of ILLNESS, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

15 Date Nov 8 1920 by Mary J. Miner
Signature _____

15 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial 11/9 20
Pittsford Mich.
Signature J. H. Miner Address Hillsdale Mich.