

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Hillsdale
Township Hillsdale
Village _____
City _____ (No. JUL 7 1920 St. _____ Ward)

Registered No. 4

2. FULL NAME Orin M Gray
(a) Residence No. _____ St. Ward _____
(Usual place of abode.)
Length of residence in city or town where death occurred yrs. 35 yrs mos. _____
Date how long in U. S., if of foreign birth yrs. mos. da. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (Month, day and year) June 12 1920

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

17 I HEREBY CERTIFY that I attended deceased from June 12 1920 to June 12 1920
that I last saw deceased alive on April 24 1920 and that death occurred on the 12 day of June 1920

6 DATE OF BIRTH (Month, day and year) June 25 1851

18 THE CAUSE OF DEATH* was as follows:
Familial Dementia

AGE	Years	Months	DAYS	IF LESS than
	<u>68</u>	<u>11</u>	<u>17</u>	1 day, hrs. OR min.

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)
(c) Name of employer

CONTRIBUTORY (Secondary) Arterio-sclerosis
(duration) _____ yrs. _____ mos. _____ da.

9 BIRTHPLACE (city or town) Lansing
(State or country) Michigan

19 Where was disease contracted
If not at place of death _____

10 NAME OF FATHER Yarick Gray

Did an operation precede death? No Date of _____
Was there an autopsy? No

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

What test confirmed diagnosis?
Dr. J. L. ... M. D.

12 MAIDEN NAME OF MOTHER Freelove Wharpp

June 14 1920, Address Hillsdale
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

13 BIRTHPLACE OF MOTHER (city or town) Onida
(State or country) New York

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial June 14 20
Bankers Cem.

15 Filed June 15 1920
Registrar J. H. Miner

20. UNDERTAKER Address Hillsdale Mich
J. H. Miner