

MAY BE REPRODUCED FOR BIDDING

WRITE PLAINLY, WITH UPWARDING INK—THIS IS A PERMANENT RECORD

STATE OF MICHIGAN

Department of State - Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration No. 1920

1. PLACE OF DEATH  
 Township North  
 Village Painesdale  
 City \_\_\_\_\_

(No. \_\_\_\_\_) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Fred Hill  
 (a) Residence No. 183 Adams St., Wood  
 (Usual place of abode.)  
 Length of residence in city or town where death occurred yrs. 3 mos. (If non-resident give city or town and state.)  
 Do. How long in U. S., if 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 (WRITE the word.) Single  
 6. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_  
 7. DATE OF BIRTH (Month, day and year) Feb 24 - 1883  
 8. AGE Years 37 Months - Days 4 9. IS LESS Than 1 day. hrs. OR min.

10. DATE OF DEATH (Month, day and year) Feb 28  
 I HEREBY CERTIFY, that I attended Funeral from Oct 1<sup>st</sup> 1919 to Feb 28 at 10:20  
 that I had not seen him, alive on Feb 27 at 10:20  
 that death occurred on the date stated above at 10:20  
 11. CAUSE OF DEATH\* was as follows: Cancer of the stomach

12. OCCUPATION OF DECEASED (a) Trade, occupation, or particular kind of work Finnland  
 (b) General nature of industry, business, or establishment in which employed (or employed) Picker  
 (c) Name of employer Champion Copper Co.

13. (duration) 40 yrs. - mos. - da.  
 CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. - mos. - da.

14. BIRTHPLACE (city or town) (State or country) Finnland

15. Where was disease contracted \_\_\_\_\_ If not at place of death? \_\_\_\_\_  
 16. Did an operation precede death? Yes Date of 10/11/19  
 What had contained disease? U.S. that

10. NAME OF FATHER Hermon Hill

11. BIRTHPLACE OF FATHER (city or town) (State or country) Finnland

12. MAIDEN NAME OF MOTHER Mary Huhtala

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Finnland

17. What had contained disease? U.S. that  
 18. State the DISEASE CAUSING DEATH, or its cause, and (1) MANNER and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL (The reverse side for further instructions.)  
4/28 - 20 Address Painesdale

14. Informant Isaac Harala  
 (Address) Painesdale Mich

19. PLACE OF BURIAL, CREMATION, OR REMOVAL South Range Date of Death \_\_\_\_\_

15. Filed 2/28 in 20 1919

20. UNDERTAKER Josiah Collins Address St. James