

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County HillsdaleTownship JeffersonVillage Pittsford

City _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF DEATH

APR 6 1916 Registered No. 73

(If death occurred in a hospital—indicate the hospital instead of street and number.)

FULL NAME Wm Henry Louckel

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Male 2 COLOR OR RACE White 3 MARRIAGE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

4 DATE OF DEATH Mar 16 1916
(Month) (Day) (Year)

5 DATE OF BIRTH Jan 25 1836
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from Mar 16 1916 to Mar 16 1916
that I last saw him alive on Mar 16 1916
and that death occurred, on the date stated above, at 4 P.M.

7 AGE 74 yrs. 1 mo. 21 da. 02 mo. 7 da.
If LESS than 1 day, hr. _____ min. _____

The CAUSE OF DEATH* was as follows:
Nephritis

8 OCCUPATION
(a) Trade, profession or particular kind of work Shoe repairer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

12 Contributory (Occupation) _____
(Age) W.E. Allegre
(Address) Pittsford Mich

9 BIRTHPLACE (of decedent) Ohio

(Duration) _____ yrs. _____ mo. _____ da.

10 NAME OF FATHER Moses Louckel

13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSMITS, OR RECENT RESIDENCE)
At place of death _____ yrs. _____ mo. _____ da. In the State _____ yrs. _____ mo. _____ da.

11 BIRTHPLACE OF FATHER (State or country) New York State

Where was disease contracted, if not at place of death? _____
Former or usual residence _____

12 MARRIAGE NAME OF MOTHER Lura Swift

*State the DISEASE CAUSING DEATH, or its death, FROM TOXICITY, CRISIS, STROKE, (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Eray Gettings
(Address) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Eray Gettings
(Address) _____

15 PLACE OF BURIAL OR REMOVAL Pittsford
DATE OF BURIAL Mar 15 1916

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) April 1 1916
(Address) Dorr Phillips

16 UNDERTAKER Chas. B. Ruzer
ADDRESS Pittsford

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