

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

**I. PLACE OF DEATH**

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

**CERTIFICATE OF DEATH**

Registered No. 19

JAN 14 1920

County Washtenaw  
Township Albion  
Village Painesdale  
City \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Mali

(a) Residence No. McConard St., Ward \_\_\_\_\_

Length of residence in city or town where death occurred 7 yrs. mos. da. (If non-resident give city or town and state.)  
How long in U. S., if of foreign birth 7 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 Married  
(WRITE the word.)

6. DATE OF DEATH (Month, day and year) Feb. 29 1920

7a. If married, widowed or divorced HUSBAND of Lena Aho (or) WIFE of \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from Feb. 24 1920 to Feb. 29 1920

8. DATE OF BIRTH (Month, day and year) 1892

that I last saw him alive on Feb. 29 1920 and that death occurred on the date stated above at 10 A.M.

9. AGE Years Months Days If LESS than 1 day, hrs. OR min.  
27 Unknown

The CAUSE OF DEATH\* was as follows:

10. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Miner  
(b) General nature of industry, business, or establishment in which employed (or employer) Copper Mine  
(c) Name of employer \_\_\_\_\_

Influenza (duration) 10  
Pneumonia (Secondary) (duration) 6

11. BIRTHPLACE (city or town) Finland

12. Where was disease contracted \_\_\_\_\_  
or not at place of death?

12. NAME OF FATHER Herman Mali

13. Did an operation precede death? No Date of Feb. 29, 1920

13. BIRTHPLACE OF FATHER (city or town) (State or country) Finland

Was there an autopsy? No

14. MAIDEN NAME OF MOTHER Julia Meri

What test confirmed diagnosis? \_\_\_\_\_  
Dr. T. Merrill, M.D.

15. BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

Feb. 29, 1920, Address Painesdale, Mich.

16. Informant Mrs. W. Mali (Address) Painesdale, Mich.

\*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

17. Filed 3/31-20 by Joseph H. K... Registrar.

18. PLACE OF BURIAL, CREMATION, OR REMOVAL South Range Mich. 2 1920

19. UNDERSIGNER G. P. ... Address Hancock Mich.