

1. PLACE OF BIRTH

STATE OF MICHIGAN

Department of State - Division of Vital Statistics

CERTIFICATE OF DEATH

Michigan, _____

City _____

(If death occurred in a hospital or institution, give the NAME of said hospital and location.)

2. FULL NAME Henry Martin

APR 6 1920

(a) Residence _____

City, Ward _____

(Legal place of abode)

(If now resident give city or town and date of moving to U. S. if of foreign birth? yrs. mo. da.)

Length of residence in Michigan _____

at _____

PERSONAL AND PHYSICAL PARTICULARS

MINIMAL CERTIFICATE OF DEATH

SEX Male
 Color of Hair white
 Single, Married, Widowed or Divorced (WRITE the word) Married

DATE OF DEATH (Month, day and year) Mar 13

Was it married, widowed, or divorced

I HEREBY CERTIFY, That I attended deceased from _____ 1914 to _____ 1920

HUSBAND of Mrs. Margaret M. Martin

last saw alive _____ 1919 and that death occurred on the date stated above

DATE OF BIRTH (Month, day and year) Mar - 11 - 1851

The CAUSE OF DEATH was as follows:

Weeks	Days	Hours	Minutes
69	0	2	

Causes of embolism & acute

3. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which engaged (or employer by name of company)

(duration) _____ yrs. _____ mo. _____ da.

CITY OF BIRTH Michigan

CONTRIBUTORY (Secondary) _____

NAME OF FATHER Richard G. Martin

18. Where was death pronounced? _____

COUNTRY OF BIRTH (City or town) Ireland

19. Did an accident precede death? No Date of _____

NAME OF MOTHER Ruth S. Hawley

Was there an autopsy? No

CITY OF BIRTH (City or town) New York

What test confirmed diagnosis? _____

NAME OF DECEASED H. H. Smith

(Signed) John P. K. Jones M. D.

ADDRESS Hillside, Mich

19. Was the disease causing death, or its course, typical? Yes

NAME OF DECEASED L. R. Kempton

20. Was there any unusual, unusual, or unusual (See instructions on back of certificate)

21. PLACE OF BURIAL OR CREMATION, OR REMOVAL at Grove Lane Hillside Mich

22. SIGNATURE OF REGISTRAR J. H. Smith

23. ADDRESS OF REGISTRAR Hillside Mich

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