

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

1920

Village or City

(No. _____)

JUN 5 1920

Registered No. _____

St.: _____

Ward: _____

If death occurred in a hospital or institution give its name, location & street and number

FULL NAME Henry J. Newell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White MARRIAGE STATUS Married

DATE OF DEATH May 24, 1920

DATE OF BIRTH March 7, 1859

I HEREBY CERTIFY, That I attended deceased from Aug, 1918, to May 24, 1920, that I last saw him alive on May 23, 1920, and that death occurred, on the date stated above, at Ann Arbor. The CAUSE OF DEATH* was as follows:

AGE 61 yr 2 mo 14 da

Arterio Sclerosis

OCCUPATION Farmer

BIRTHPLACE Hancock Co. Ohio

Contributory High Blood Pressure

NAME OF FATHER Thomas Newell

Physician H. S. Hughes

BIRTHPLACE OF FATHER Ohio

MARRIAGE NAME OF MOTHER Catherine Mocke

BIRTHPLACE OF MOTHER Ohio

May 24 1920 H. J. Halliday

IF ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

*On the Dorman-Cassidy Scale, or its modification, the degree of Toxicity, Chronic, Acute or Interstitial, and (C) whether Accidental, Central, or Peripheral.

(Name) Mrs. Mary Newell

PLACE OF RESIDENCE (For Hospitals, Institutions, Transients, etc.) At place of death _____ In the _____ State _____

(Address) Osseo Mich

PLACE OF BURIAL OR REMOVAL Osseo Mich DATE OF BURIAL May 26 1920

UNDERTAKER E. J. Marsh Hillsdale R. I.