

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Willisdale
 Township of Jefferson
 Village _____
 or _____
 City _____ (No. _____)

CERTIFICATE OF DEATH

Registered No. 22

SEP 7 1910

If such occurred in a hospital or institution give its name and location of street and number.

FULL NAME Wm P. Nibleek

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
|---|--|---|---|
| 1 SEX <u>Male</u> | 2 COLOR OR RACE <u>White</u> | 3 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Widowed</u> | 11 DATE OF DEATH <u>Aug 13, 1910</u> (Month) (Day) (Year) |
| 4 DATE OF BIRTH <u>Dec 27, 1833</u> (Month) (Day) (Year) | | 12 I HEREBY CERTIFY, That I attended deceased from <u>Aug. 12, 1910</u> , to <u>191</u> | |
| 5 AGE <u>86 yrs 7 mo 16 d</u> If LESS than 1 day, _____ mo. _____ d. | | that I first saw him/her on <u>Aug 12, 1910</u> , and that death occurred, on the date stated above, at <u>his</u> residence. | |
| 6 OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) | | The CAUSE OF DEATH was as follows: <u>Senility H3</u> | |
| 7 BIRTHPLACE (State or district) <u>New York state</u> | | 8 <input checked="" type="checkbox"/> Contributory (Secondary) <u>Epileptiform of neck</u> (Disease) <u>Several years</u> | |
| PARENTS | 9 NAME OF FATHER <u>John Nibleek</u> | 10 (Special) <u>W.E. Allgren M.D.</u> City <u>14, 1910</u> Address <u>Pittsford Mich</u> | |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>New York state</u> | * State the DISEASE CAUSING DEATH, or its cause from VIOLENCE, CLIMATE, etc. (1) PLACE OF BIRTH; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | |
| | 12 MARRIED NAME OF MOTHER <u>Hannah Harrison</u> | 13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, BOARDINGS, AND RECENT RESIDENCE) At place of death _____ yrs. _____ mo. _____ d. In the _____ yrs. _____ mo. _____ d. | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature) <u>Margaret Cummingham</u> (Address) <u>Pittsford</u> | When was disease contracted, if not at place of death? Period of onset: _____ | | 14 PLACE OF BURIAL OR REMOVAL <u>Locust Cemetery</u> |
| 15 <u>Sept 2nd 1910</u> <u>Geo Phillips</u> | 16 UNDERSTANDER <u>Chas A. Ruyser</u> | | DATE OF BURIAL <u>Aug 16, 1910</u> ADDRESS OF <u>Pittsford</u> |

WRITE PLAINLY, WITH INK AND LEGIBLY. THIS IS A PERMANENT RECORD.