

STATE OF MICHIGAN
Department of State - Lansing

CERTIFICATE OF DEATH

County Huron

City _____
 FULL NAME Abram Nichols
 (If death occurred in a hospital or institution, give the NAME, Street and number.)
 Residence No. Hillsdale Mich St. Ward _____ MAR 5 1900

Length of residence (city or town where death occurred) yrs. mos. da. How long in U. S. if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Single, Married, Widowed or Divorced (Write the word.) widower

If married, widowed, or divorced HOW MANY of each widower

DATE OF BIRTH (Month, day and year) about 1850

Age	Years	Months	Days	is LESS than
<u>About 70</u>				1 yr. less OR less

OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (for employer)
 (c) Nature of employer

BIRTHPLACE (city or town) (State or country) Mich

NAME OF FATHER Unknown

RESIDENCE OF DECEASED (city or town) (State or country) " "

RESIDENCE OF DECEASED (city or town) (State or country) " "

RESIDENCE OF DECEASED (city or town) (State or country) " "

Signature J. H. Minor

Address Hillsdale Mich

Date Feb 24 1900 J. H. Minor

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month, day and year) Feb 16 1900

I HEREBY CERTIFY that I attended deceased from Oct 24 to Feb 16 and that I had seen him, after an ill and that death occurred on the date stated above at 44 years of age.

THE CAUSE OF DEATH was as follows: Arteriosclerosis

(Specify) 79

CONTRIBUTORY (Secondary) Heart disease

If not at place of death?

Did an operative procedure death? No

What had medical treatment? Physic

(Signed) H. H. Minor M. D.

State the LICENSE NUMBER, EXPIRES, and ON whether LICENSED, and (See reverse side for further instructions)

PLACE OF BURIAL, CREMATION, OR REMOVAL Safe View Care

Signature J. H. Minor