

STATE OF MICHIGAN

Department of State - OFFICE OF THE REGISTER

CERTIFICATE OF DEATH

MAR 8 1920

1. PLACE OF DEATH
 Town Willshole
 Township Alcona
 Village _____
 City _____

2. FULL NAME Silas Franklin Purchase
 (If name appeared in a directory or listing, give its NAME, NUMBER, STREET AND ADDRESS.)
 (No. of dwelling, if known) Room 2400 Top St. West
 (Usual place of abode.)
 (If non-resident give city or town and state.)
 (Date of arrival in city or town where death occurred) _____ (If have tag to F. O. of Michigan give year, make, no.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OF SKIN White
 5. MARRIAGE Married
 (MARRIED, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD.)

7. DATE OF DEATH (Month, day and year) Feb 19 1920

6. IS DECEASED MARRIED, OR DIVORCED, OR WIDOWED?
 Name of surviving spouse Miss Purchase

8. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1919 to Feb 19 1920
 and I have now read and signed the death certificate
 that death occurred on the date stated above as fatal

9. DATE OF BIRTH (Month, day and year) Aug 1, 1850

The CAUSE OF DEATH was as follows:

AGE	SEX	TEMPERATURE	PULSE	RESPIRATIONS	IF LUNG CASE
<u>67</u>	<u>Male</u>	<u>6</u>	<u>18</u>	<u>1</u>	<u>Yes</u>

Cancer of liver HD

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

11. CONTRIBUTORY (Secondary) _____ (Whether) _____ y/n _____ no _____

12. PLACE OF BIRTH (City or town) Pittsford Michigan
 (State or territory)

13. Where was corpse discovered? _____
 If not at place of death? _____

13. NAME OF FATHER James Purchase

14. Was an epidemic prevalent locally? no Date of _____

14. PLACE OF BIRTH (City or town) New York
 (State or territory)

15. Was there an autopsy? no

15. MARRIAGE NAME OF DECEASED Elizabeth Thompson

16. What had deceased consumed?
 (Signed) J. M. Harrison
no 25 no. 100 Jonesville

16. MARRIAGE NAME OF DECEASED Anderson

17. State the DISEASE OR INJURY, or its death, that CAUSED DEATH, and its course, and nature of treatment, and to what extent, if any, of medical or nursing care was given, and its result, if any, or non-fatal, (See notes on the back of this certificate.)

17. Signature J. M. Harrison

18. PLACE OF BIRTH, OCCUPATION, OR RESIDENCE
County Date of Birth Feb 22 1820

18. Signature J. M. Harrison

19. SIGNATURE
J. M. Harrison Address Willshole

19. Signature J. M. Harrison

20. SIGNATURE
J. M. Harrison Address Willshole

20. Signature J. M. Harrison

21. SIGNATURE
J. M. Harrison Address Willshole