

PLACE OF DEATH

County Hillsdale
 Township Jefferson
 Village or City _____
 City _____ (No. _____ St. _____ Ward _____)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 124

(If death occurred in a hospital or institution, give its NAME, address and street and number.)

FULL NAME F. F. Reamer

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white MARRIAGE STATUS widower
(Write last word)

DATE OF BIRTH Mar 7 1878
(Month) (Day) (Year)

AGE 62 yr. 1 mo. 3 d. IF LESS than 1 yr. 1 mo. 1 wk. 1 d.

OCCUPATION Farmer
(a) Trade, profession or particular kind of work
 (b) General nature of industry, business or establishment in which employed (as employee)

BIRTHPLACE (State or country) New York

NAME OF FATHER Joseph Reamer

BIRTHPLACE OF FATHER (State or country) New York

MARRIAGE NAME OF MOTHER Catherine Peidle

BIRTHPLACE OF MOTHER (State or country) New York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Miner

(Address) Hillsdale

FILED April 12 1910 Don Phillips

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 1 10 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 7, 1910, to April 9, 1910, that I last saw him alive on April 9, 1910, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Paralysis 66

Contributory General Debility
(Secondary)

(Signed) Ira Johnson M. D.
Apr 11, 1910 Asses Mich

*While the DURHAM GASTRO DRASE, or its salts from VIGOR'S CANCER, state (1) NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mo. _____ d. In the _____ State _____ yrs. _____ mo. _____ d.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL East Hill Cem DATE OF BURIAL Apr 12 1910

UNDERTAKER J. H. Miner ADDRESS Hillsdale