

1 PLACE OF DEATH

Marquette

STATE OF MICHIGAN

Department of State - Bureau of Vital Statistics

CERTIFICATE OF DEATH

APR 6 1920

Registered No. _____

2 NAME Allen

3 FULL NAME George A. Remington

4 SEX Male 5 COLOR OF HAIR White 6 MARRIAGE STATUS Single

7 DATE OF BIRTH Sept 18 1860 8 AGE 59 9 OCCUPATION Farmer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL HISTORY OF DEATH

10 BIRTHPLACE Allen Mich

11 NAME OF FATHER John M Remington

12 BIRTHPLACE OF FATHER Plymouth Mich

13 MARRIAGE NAME OF MOTHER Abigail Eldon

14 BIRTHPLACE OF MOTHER Canada N.Y.

15 INDUSTRY Farmer

16 PLACE OF BIRTH Marquette Mich

17 DATE OF DEATH March 30 1920

18 CAUSE OF DEATH Tubercular heart disease

19 WHERE TREATED at place of death

20 SIGNATURE OF DECEASED George A. Remington

21 SIGNATURE OF WITNESSES Frank J. Smith

22 SIGNATURE OF REGISTRAR Allen

23 SIGNATURE OF PHYSICIAN Allen

24 SIGNATURE OF BURIAL OFFICER Allen

25 SIGNATURE OF MINISTER Allen

15 DATE OF DEATH March 30 1920

16 I HEREBY CERTIFY, That I attended deceased from March 30 1920 and that death occurred on the date stated above at Marquette Mich. The CAUSE OF DEATH* was as follows:

Tubercular heart disease

17 WHERE TREATED at place of death

18 SIGNATURE OF DECEASED George A. Remington

19 SIGNATURE OF WITNESSES Frank J. Smith

20 SIGNATURE OF REGISTRAR Allen

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25 SIGNATURE OF MINISTER Allen

REGISTERED