

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County Hillsdale
 Township Jefferson
 or
 Village Osseo
 or
 City _____

CERTIFICATE OF DEATH

Registered No. 16

(No. _____)

MAY 6 1910

Ward _____

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

FULL NAME Birdsey S Remmle

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (If in the word)

DATE OF DEATH May 25, 1910
 (Month) (Day) (Year)

DATE OF BIRTH March 29, 1846
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 24, 1910, to May 25, 1910, that I last saw him alive on May 25, 1910, and that death occurred, on the date stated above, at 3 1/2 m.

AGE 64 yrs. 1 mo. 26 ds. If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

OCCUPATION
 (a) Trade, profession or particular kind of work Mason
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

Original Pneumonia
 (Duration) _____ yrs. _____ mo. _____ d.

BIRTHPLACE (State or country) Ohio

Contributory Maricose (Secondary) _____ (Duration) _____ yrs. _____ mo. _____ d.
 (Signed) Dr. J. S. ... M. D.
 (Address) Osseo Mich

10 NAME OF FATHER Caleb Remmle

11 BIRTHPLACE OF FATHER (State or country) New York State

12 MAIDEN NAME OF MOTHER Polly Tripp

13 BIRTHPLACE OF MOTHER (State or country) New York State

* State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 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 _____

(Informant) Ayde C. Remmle

(Address) Osseo Mich

16 PLACE OF BURIAL OR REMOVAL Osseo DATE OF BURIAL May 29, 1910

18 Filed May 30, 1910 J. M. Phillips REGISTRAR

19 UNDERTAKEN Chas. A. Buzger ADDRESS Pittsford

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD