

## STATE OF MICHIGAN

Department of State - Division of Vital Statistics

County CalumetTownship Rosmond

Village or

City

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## CERTIFICATE OF DEATH

Registered No. 22

[If death occurred in a hospital or institution, give its name, street and number.]

FULL NAME Horace Riggs Surine

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Male</u>	2 COLOR OR RACE <u>white</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
4 DATE OF BIRTH <u>June 15<sup>th</sup> 1852</u> (Month) (Day) (Year)	5 AGE <u>65</u> yrs. <u>7</u> mos. <u>4</u> ds. <u>OR</u> <u>7</u> mos. <u>4</u> ds. <u>OR</u> <u>7</u> mos. <u>4</u> ds.	

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

7 BIRTHPLACE (State or country)  
New York

PARENTS	8 NAME OF FATHER <u>James Surine</u>
	9 BIRTHPLACE OF FATHER (State or country) <u>Not known</u>
	10 MARRIED NAME OF MOTHER <u>Nancy Puffalun</u>
	11 BIRTHPLACE OF MOTHER (State or country) <u>Not known</u>

12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. Surine  
(Address) Charlotte R. 30.

13 DATE OF DEATH  
Jan 19 1918  
14 BY  
Bert Hattice

## MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH  
Jan 19 1918  
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 20 1917 to Jan 19 1918, that I last saw him alive on Dec 19 1917, and that death occurred, on the date stated above, at 2<sup>30</sup> p.m.

The CAUSE OF DEATH\* was as follows:

apoplexy 64  
(Duration) 6 yrs. 6 mos. 6 ds.

Contributory (Secondary)  
(Disease) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Agent) Dr. C. D. Huber M.D.  
Jan 19 1917 (Address) Charlotte R. 1

\*State the DISEASE CAUSE DEATH, or its death from VENOUS CAUSE, state (1) MEANS OF ACQUIRY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDE.

18 LENGTH OF RESIDENCE (For hospitals, institutions, transient, or transient residents)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

17 PLACE OF BURIAL OR REMOVAL  
Vernoniaville  
19 DATE OF BURIAL  
1/22/1918  
20 UNDERTAKER  
Fred C. Holland  
ADDRESS  
Mulliken