

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH
County Hillsdale
Township Cambria
Village _____
City _____

(No. County Home St. _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Warren Van Valkenburg FEB 5, 1920
(a) Residence No. Adams Prop. St. Ward _____
(Usual place of abode.) (If non-resident give city or town and state.)
Length of residence in city or town where death occurred yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (WRITE the word.) single

18 DATE OF DEATH (Month, day and year) Jan 9 1920

6a. If married, widowed, or divorced SURVIVED of (or) WIFE of _____

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1919 to Jan 9, 1920

7 DATE OF BIRTH (Month, day and year.) 1854

that death occurred on the date stated above 2 P.M.

8 AGE Years _____ Months _____ Days _____ If LESS than 1 day, hrs. OR min. About 65

The CAUSE OF DEATH* was as follows: Cancer of stomach

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

HO
(duration) 2 yrs. mos. ds.

10 BIRTHPLACE (city or town) Adams Prop. Michigan (State or country)

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

11 NAME OF FATHER Jerry Van Valkenburg

13 Where was disease contracted? _____ If not at place of death? _____

12 NAME OF MOTHER (city or town) Unknown (State or country)

Did an operation precede death? _____ Date of _____

13 MAID NAME OF DECEASED _____

Was there an autopsy? no

14 BIRTHPLACE OF MOTHER (city or town) _____ (state or country)

What test confirmed diagnosis? _____ (Signed) H. C. Miller

15 Informant J. H. Miner Hillsdale, Mich. (Address)

Jan 2, 1920 address Hillsdale, Mich.
*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

16 Date Jan 14 1920 Registrar J. H. Miner

16 PLACE OF BURIAL, CREMATION, OR REMOVAL North Adams, Mich Jan 20 1920
17 UNDERTAKER J. H. Miner Hillsdale, Mich.

WRITES PLAINLY, WITH GUIDING INK—THIS IS A PERMANENT RECORD.