

**STATE OF MICHIGAN**  
Department of State—Division of Vital Statistics

**CERTIFICATE OF DEATH**

**APR 5 1920**

Registered No. 11

PLACE OF DEATH  
County Washtenaw  
Township Paris  
Village or City Paris

(No. \_\_\_\_\_) St.: \_\_\_\_\_ Ward) \_\_\_\_\_

If death occurred in a hospital or institution, give the name and location. If death occurred elsewhere, give the name and location.

**FULL NAME** Thomas Loring

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

DATE OF BIRTH June 2, 1834

AGE 75 yrs. 9 mo. 3 da. If less than 1 day, give fraction of day.

OCCUPATION Laborer

BIRTHPLACE (State or country) Ohio

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

Informant John Knight

Address Chillicothe, Mich

Date Mar 5, 1920 W. B. Marshall

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH March 4, 1920

I HEREBY CERTIFY, That I attended deceased from Mar, 1919, to Mar 4, 1920, that I last saw deceased alive on Mar 4, 1920, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:  
General Dropsy (Cardiac)

Contributory (Secondary) 79

(Signed) H. G. Hughes M.D.

Mar 4, 1920 (Address) Chillicothe

\*State the DISEASE causing DEATH, or its death from VICARIOUS CAUSE, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDE.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Trains, etc.)

PLACE OF BIRTH OR REMOVAL Chillicothe

DATE OF BURIAL Mar 6, 1920

UNDERTAKER St. Ann's Church ADDRESS Chillicothe