WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

City [illegible] No.

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

2. FULL NAME Baby Kiersey

(a) Residence. No. [illegible] 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (Month, day and year): Feb 29-1920

7. AGE: Years — Months — Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Hillsdale Co Twp [illegible]

10. NAME OF FATHER: Earl Kiersey

11. BIRTHPLACE OF FATHER (city or town) (State or country): Hillsdale Co Michigan

12. MAIDEN NAME OF MOTHER: Clara Wood

13. BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible] Michigan

14. Informant: [illegible]

(Address) Hillsdale Mich

15. Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day and year): Feb 29 1920

17. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1920, to Feb 29, 1920,

that I last saw h[illegible] alive on ——— 19—, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH was as follows:

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. A. [illegible], M. D.

2/2[illegible], 1920 (Address) Hillsdale

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) Means and Nature of Injury, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Home Farm

DATE OF BURIAL: Feb 2[illegible] 1920

20. UNDERTAKER: [illegible]

ADDRESS: Hillsdale