

STATE OF MICHIGAN, RECORD OF

Table with columns: RECORD NUMBER, DATE OF LICENSE (MONTH, DAY, YEAR), FULL NAME OF BRIDEGROOM AND BRIDE AND MAIDEN NAME OF BRIDE IF A WIDOW, AGE OF EACH IN YEARS, WHITE, BLACK, MELANETIC, ETC., RESIDENCE OF EACH, BIRTHPLACE OF EACH, OCCUPATION OF EACH, NAME OF FATHER OF EACH. Rows 360-377.

COUNTY OF Lapeer MARRIAGES.

Table with columns: MAIDEN NAME OF MOTHER OF EACH, TIMES PREVIOUSLY MARRIED, DATE OF MARRIAGE (MONTH, DAY, YEAR), PLACE OF MARRIAGE, NAME AND OFFICIAL STATION OF PERSON BY WHOM MARRIED, NAMES, RESIDENCES. Rows 360-377.

1 PLACE OF DEATH
 County Leelanau
 Township Elin Arbor
 or
 Village _____
 or
 City _____ (No. _____)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics
CERTIFICATE OF DEATH

NOV 6 1911
 Registered No. 7
 Ward _____ [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Josie Nutzler

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

6 DATE OF BIRTH Unknown, 1911
 (Month) (Day) (Year)

7 AGE 36 yrs. 0 mos. 0 ds. 0 hrs. 0 min.
 If LESS than 1 day, hrs. min.?

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

9 BIRTHPLACE (State or country) South Manitow Mich

PARENTS

10 NAME OF FATHER August Beck
11 BIRTHPLACE OF FATHER (State or country) Germany
12 MAIDEN NAME OF MOTHER Elizabeth Haas
13 BIRTHPLACE OF MOTHER (State or country) South Manitow Mich

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Theodore Thompson
 (Address) So Manitow Mich

15 Oct 9 1911 N. B. Sheridan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 8, 1911
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1911, to _____, 1911,
 that I last saw her alive on Sept. 24, 1911,
 and that death occurred, on the date stated above, at 11:30 a.m.
 The CAUSE OF DEATH* was as follows:
Suomotor Antoxia

(Duration) 2 yrs. 0 mos. 0 ds.

Contributory (SECONDARY)
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. J. Zaalick M. D.
by request N. B. Sheridan
 _____, 1911 (Address) Maple city

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State 36 yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL South Manitow Cemetery **DATE OF BURIAL** Oct. 10, 1911
20 UNDERTAKER Neighbors **ADDRESS** _____



JOSIE
WIFE OF
GEO. C. HUTZLER
JUNE 27, 1876
OCT. 8, 1911

HUTZLER