

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Lapeer
Township Sen Arbor
or
Village
or
City

2 FULL NAME Rolland Shank St: _____ Ward _____

Registered No. NOV 21 1915 39
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH unknown 1857
(Month) (Day) (Year)

7 AGE 58 yrs. - mos. - ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Penn

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. C. Hentgen
(Address) So. Marquette Mich.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 19, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1915, to Oct 10, 1915, that I last saw him alive on Oct 10, 1915, and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Chronic Endocarditis

Contributory Acute Bronchitis
(SECONDARY) (Duration) 2 yrs. mos. ds.

(Signed) J. M. La Gr., M. D. (Duration) _____ yrs. mos. ds.
Oct 20, 1915 (Address) Empire

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT 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 _____

19 PLACE OF BURIAL OR REMOVAL So. Marquette Isl. DATE OF BURIAL Oct 21, 1915

20 CERTIFICATE
C. H. McKerman Registrar Empire Mich. Coroner

