

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

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County *Lapeer*

Township *Lapeer*

Village *Northport*

City _____

CERTIFICATE OF DEATH

Registered No. *5*

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

FULL NAME *Emmet Barnes*

JUN 8 1910

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX: *Male* COLOR OR RACE: *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED: *Single*

DATE OF DEATH: *May 26, 1910*

DATE OF BIRTH: *Oct 30, 1909*

I HEREBY CERTIFY, That I attended deceased from *May 25, 1910*, to *May 26, 1910*, that I last saw him alive on *May 26, 1910*, and that death occurred, on the date stated above, at *7 P.M.* The CAUSE OF DEATH* was as follows:

AGE: *6 yrs. 26 mos. 26 ds.*

Spasmodic Croup

OCCUPATION: _____

BIRTHPLACE: *Lapeer Co Mich*

(Duration) *2 mos. 2 ds.*

NAME OF FATHER: *Levi Barnes*

Contributory (SECONDARY) _____

BIRTHPLACE OF FATHER: *Barry Co Mich*

(Signed) *Robert E. Gillett* M. D. *May 27, 1910* (Address) *Northport Mich*

MAIDEN NAME OF MOTHER: *Mary E. Caswell*

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

PLACE OF BIRTH OF MOTHER: *Kal. Co Mich*

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Levi Barnes*

Where was disease contracted, if not at place of death? Former or usual residence _____

(Address) *Northport Mich*

PLACE OF BURIAL OR REMOVAL: *Northport Mich* DATE OF BURIAL: *May 27, 1910*

Filed *May 30, 1910* *Geo. M. Leslie* REGISTRAR

UNDERTAKER: *Wm. J. Thomas* ADDRESS: *Northport Mich*